



BUSINESS TOOL CUSTOMER REQUEST FORM

Completed by: _____ Department: _____

Case Number: _____ Date of Request: _____

GENERAL INFORMATION

* OGBT ORDER# * OGBT Name on Order

* Name of Cardholder * Phone - Cardholder

* Email Cardholder * Credit Card Number

* CSV * Expiration Date

* Billing Address

* TYPE OF REQUEST

Reshipment
 Additional Order
 Address Change
 Shortage
 Lost/Damage

* Details of Request/Special Instructions

	Yes	No	Comments
Cardholder is a Distributor?	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Comments
Products Received?	<input type="checkbox"/>	<input type="checkbox"/>	

NOTES:

1. Customized items are non-refundable once printed.
2. \$15 Flat rate reshipping/intercept
3. Additional orders require signed CCForm
4. Damages require picture proof
5. Email bt.team@organogold.com