



KEG RETURN FOR CREDIT FORM

*** This form must be submitted to your Region Representative for approval and to arrange pick-up**
Keg collars must also be filled out completely and shipped back attached to the kegs.*

Distributor Name _____
Address _____ City, ST _____
Contact _____ Phone _____
Total Number of Return Kegs Requested _____ (use additional form if necessary)

Keg 1 Brand _____ Size _____ ID# _____ PRN _____
(barcode on neck of keg)
Original Sales Order _____
 Foaming Flat Off-Flavor Appearance No Pour Leaking
Additional Details _____

Keg 2 Brand _____ Size _____ ID# _____ PRN _____
(barcode on neck of keg)
Original Sales Order _____
 Foaming Flat Off-Flavor Appearance No Pour Leaking
Additional Details _____

Keg 3 Brand _____ Size _____ ID# _____ PRN _____
(barcode on neck of keg)
Original Sales Order _____
 Foaming Flat Off-Flavor Appearance No Pour Leaking
Additional Details _____

Keg 4 Brand _____ Size _____ ID# _____ PRN _____
(barcode on neck of keg)
Original Sales Order _____
 Foaming Flat Off-Flavor Appearance No Pour Leaking
Additional Details _____

For Bell's Brewery Use Only

Rep. Name _____ Date _____ Approved Denied