Parts and Damage Replacement Procedure

A COPY OF YOUR PURCHASE RECEIPT OR INVOICE MUST BE ATTACHED TO THIS ORDER FORM.
NO ORDERS WILL BE PROCESSED WITHOUT PROOF OF PURCHASE.

NAME: _____

ADDRESS: _____ (No Post Office Boxes)

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

REASON FOR REPLACEMENT/PLEASE CHECK APPROPRIATE BOX.

( ) Damaged /scratched, cracked, broken, crushed, etc.
( ) Mechanical malfunction/ drawer glides, swivel mechanisms, lid stays, etc.
( ) Missing pieces
( ) Unfinished surface
( ) Wrong color
( ) Other

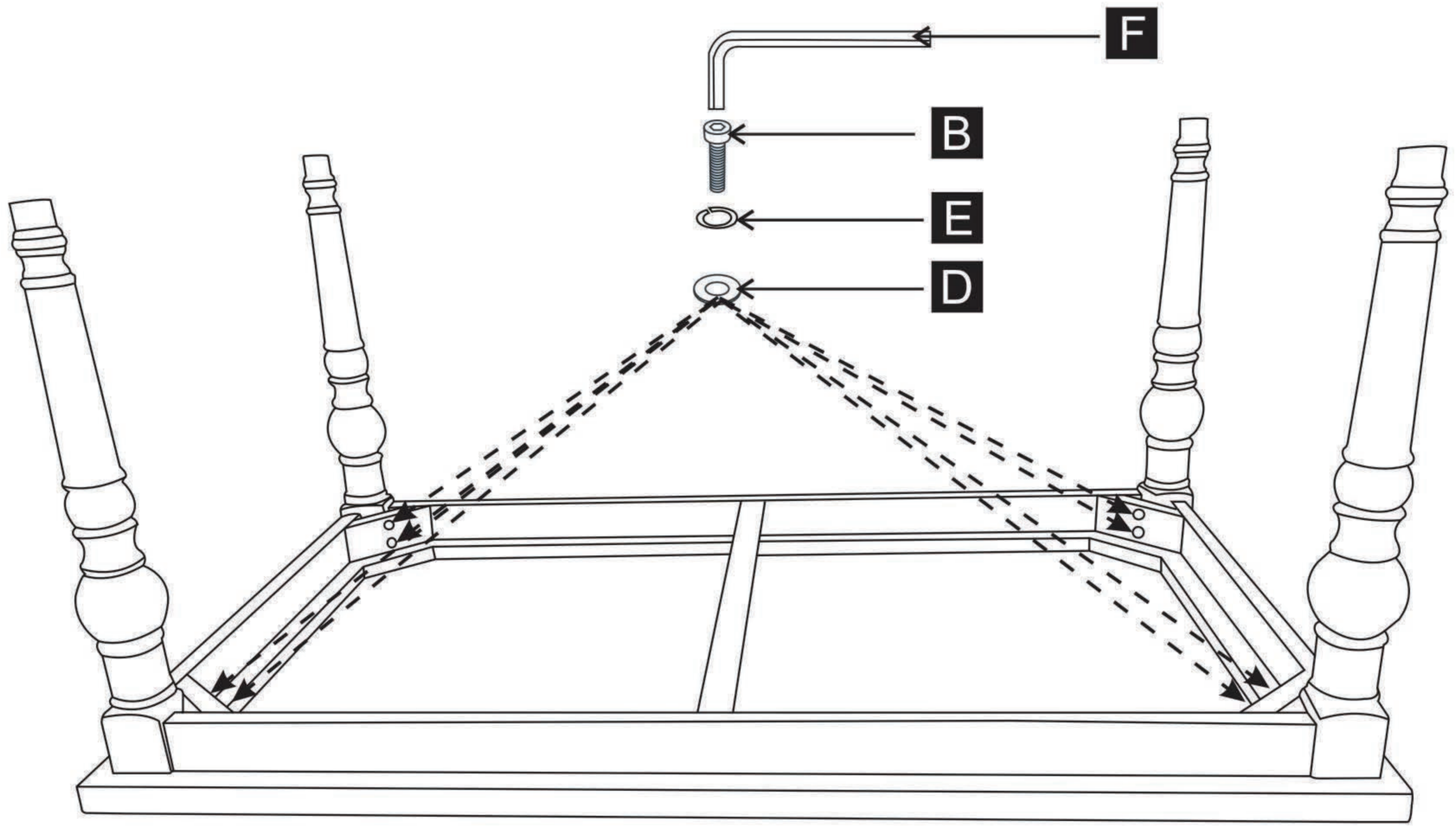
IF MORE THAN ONE MODEL NUMBER IS LISTED ABOVE, PLEASE SPECIFY THE EXACT MODEL NUMBER OF YOUR ITEM IN THE SPACE PROVIDED BELOW.

Model Number	Part Letter Code	Quantity

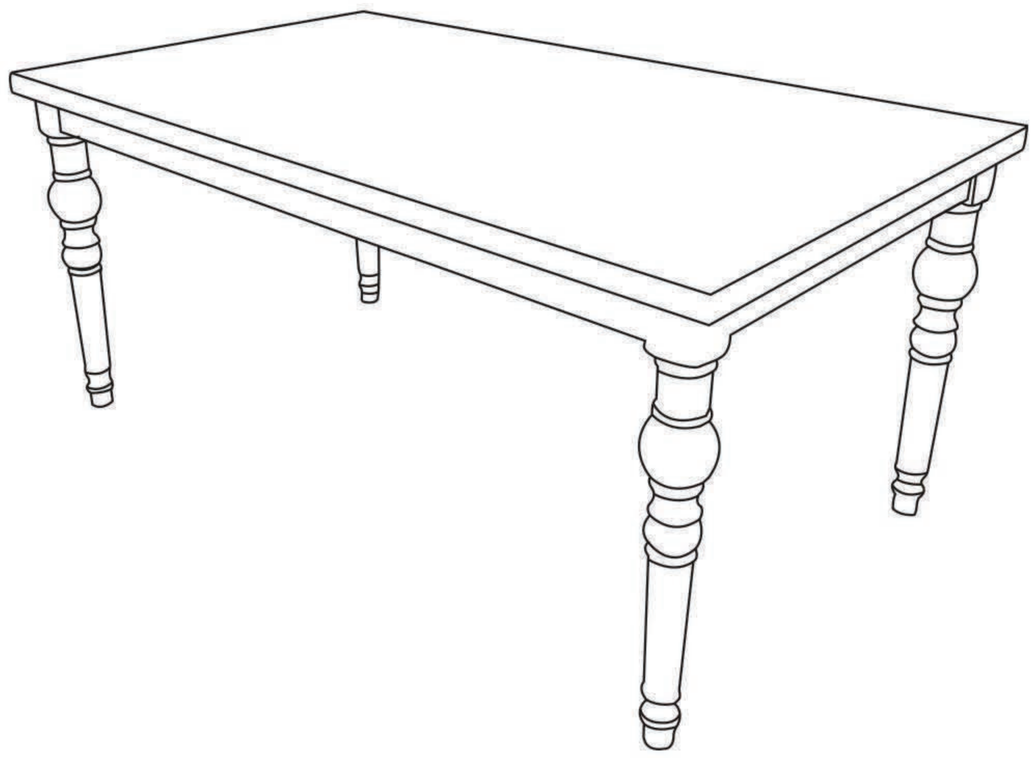
ASSEMBLY INSTRUCTION

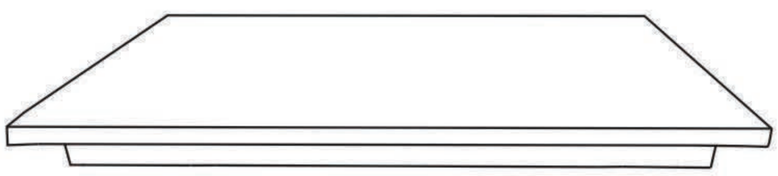
Thank you for purchasing our products please read the assembly instructions carefully before assembling

1



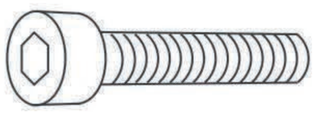
2





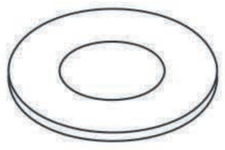
1pcs

A



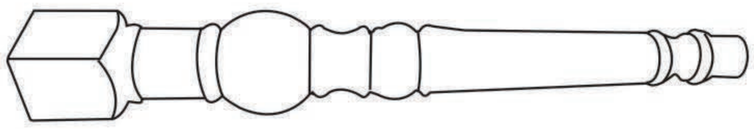
8pcs

B



8pcs

D

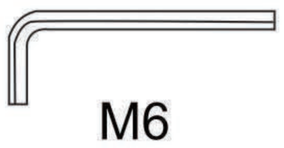


4pcs

C

1pcs

F





8pcs

E