





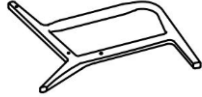

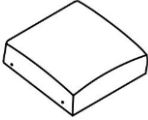
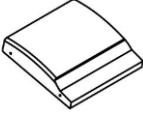




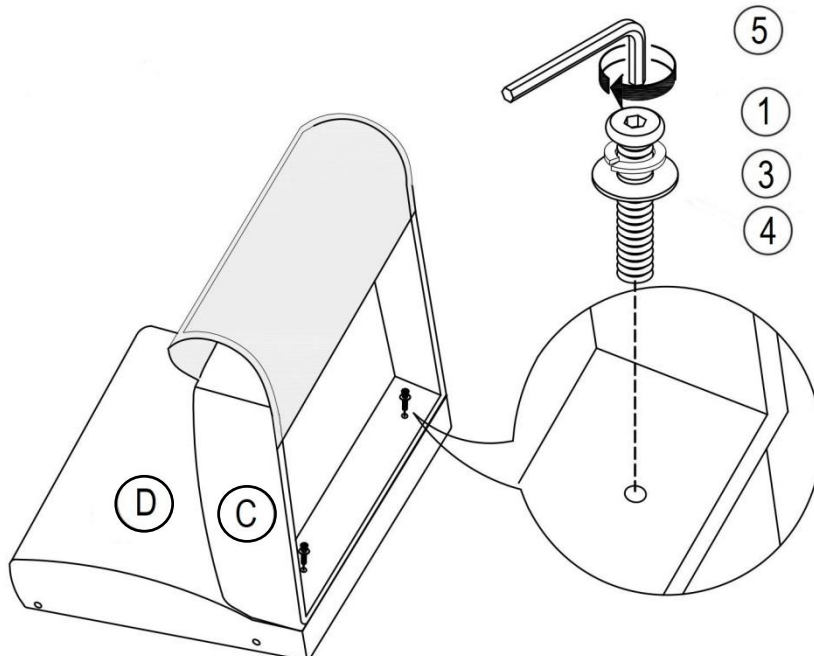
ASSEMBLY INSTRUCTIONS

ITEM NO: AC305/AC306 ARM CHAIR

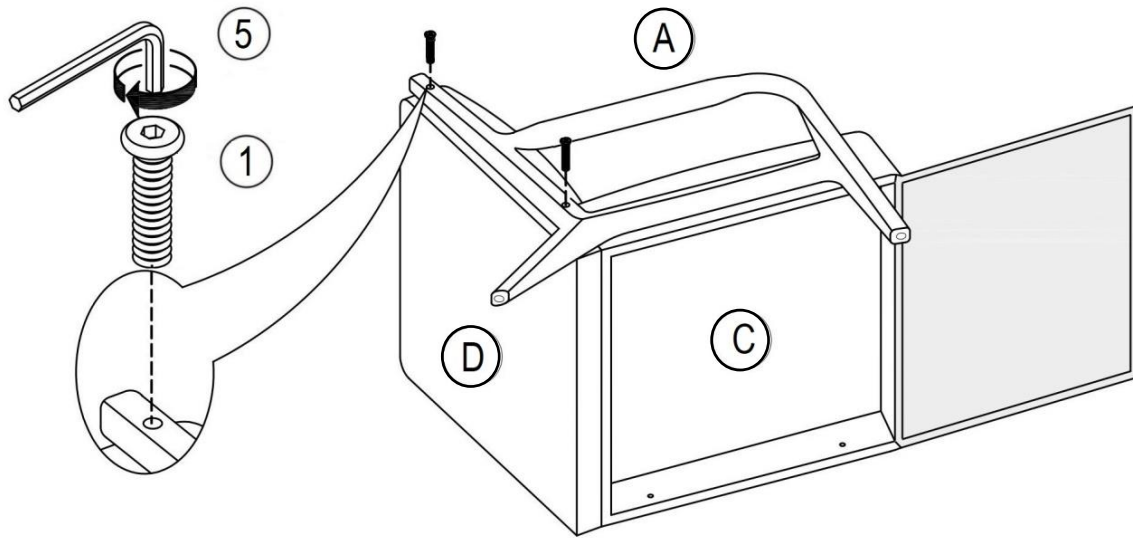
HARDWARE LIST		
NO.	PART	Q.TY
1	 Ø 1/4" x 50mm	6pcs
2	 Ø 1/4" x 40mm	4pcs
3	 Ø 1/4" x 12mm	6pcs
4	 Ø 1/4" x 22mm	6pcs
5	 4mm	1pc
6	 M4 x 40mm	2pcs

PART LIST		
NO.	PART	Q.TY
A	 Left Leg	1pc
B	 Right Leg	1pc
C	 Seat Cushion	1pc
D	 Back Cushion	1pc
E	 Stretcher	1pc
F	 Pillow	1pc

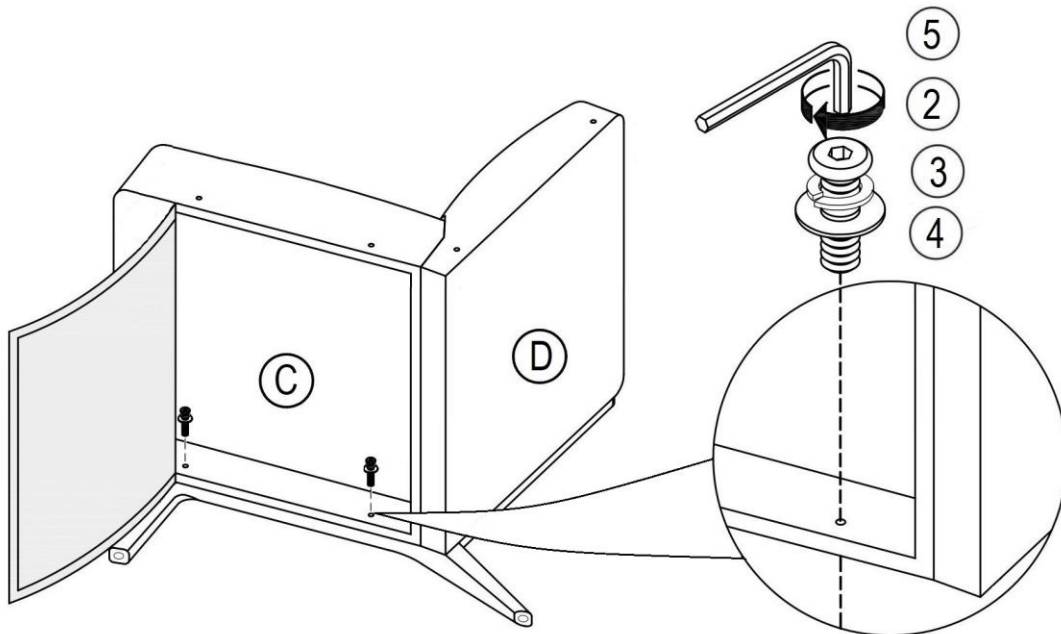
STEP 1.



STEP 2.

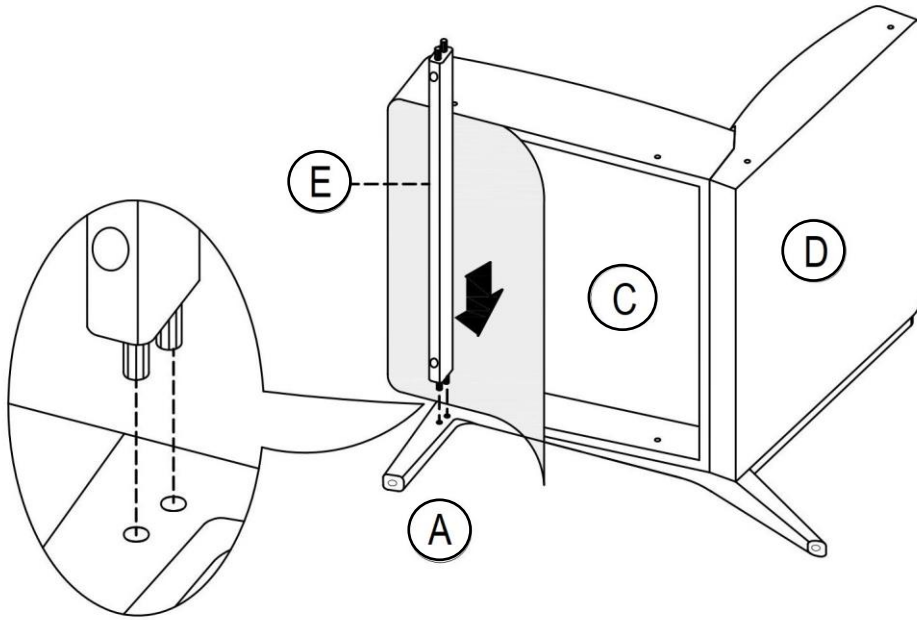


STEP 3.

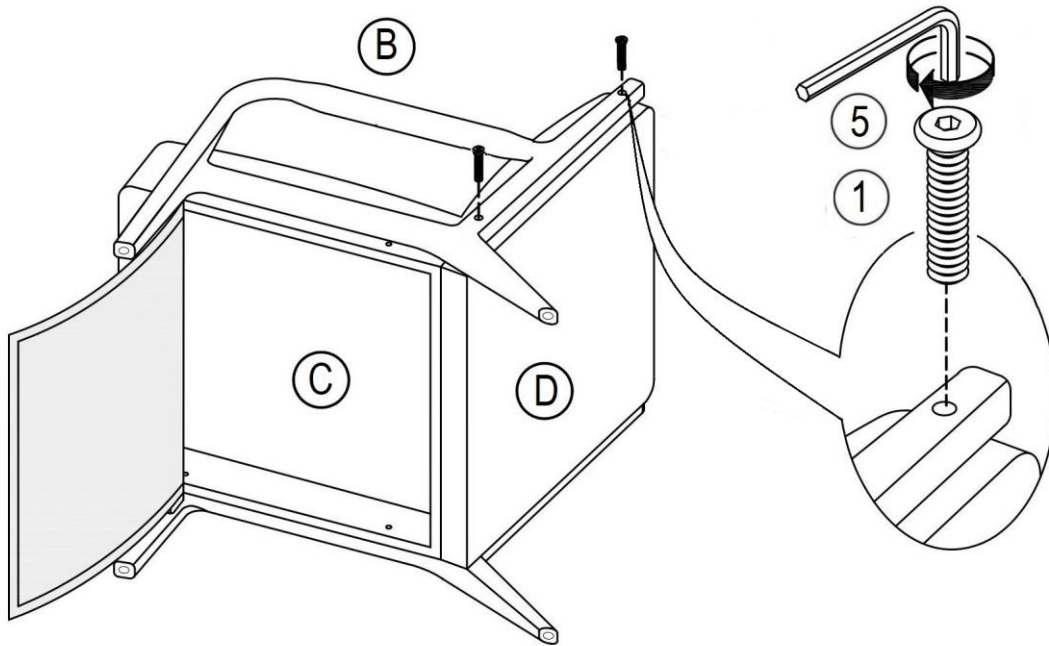


Do not fully tighten screws/ bolts until completely assembled

STEP 4.

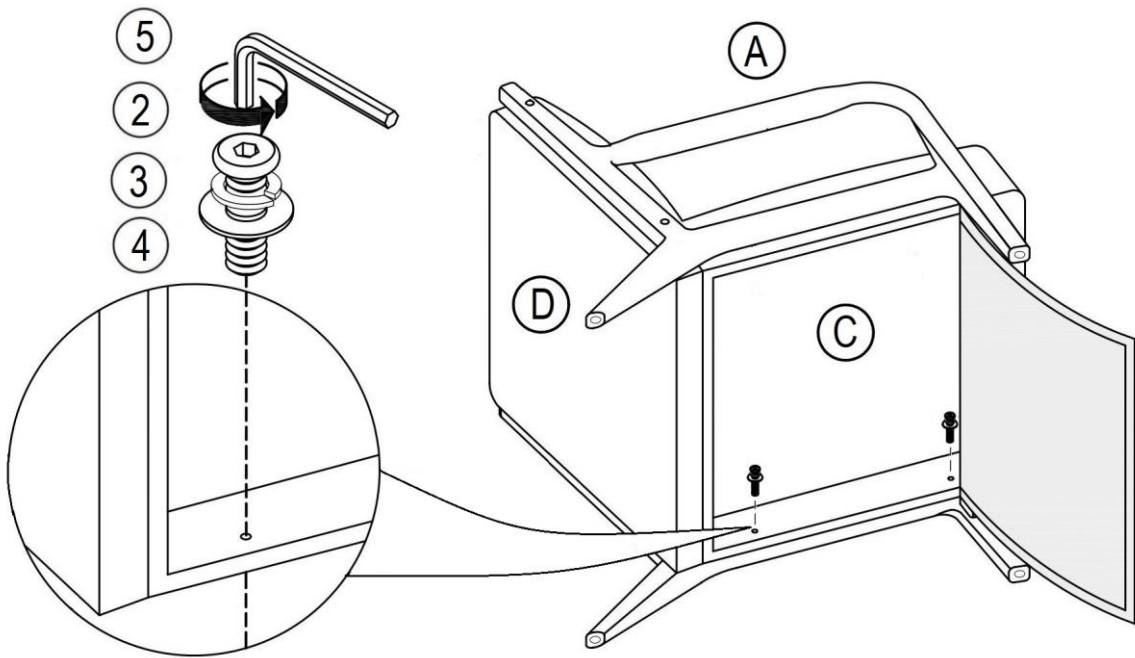


STEP 5.

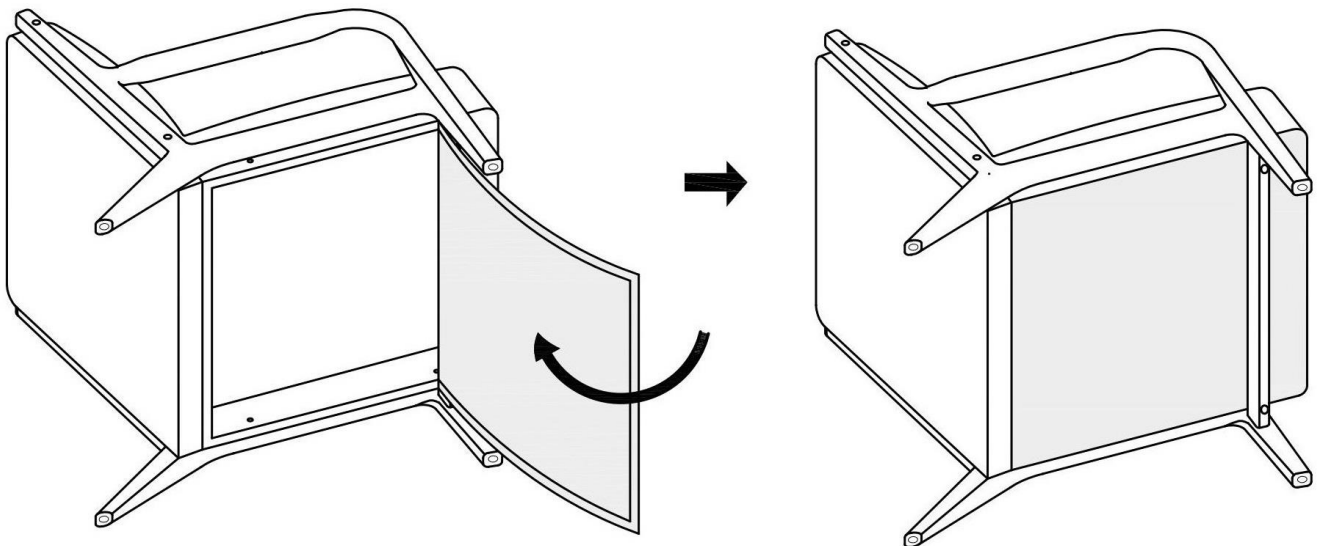


Do not fully tighten screws/ bolts until completely assembled

STEP 6.

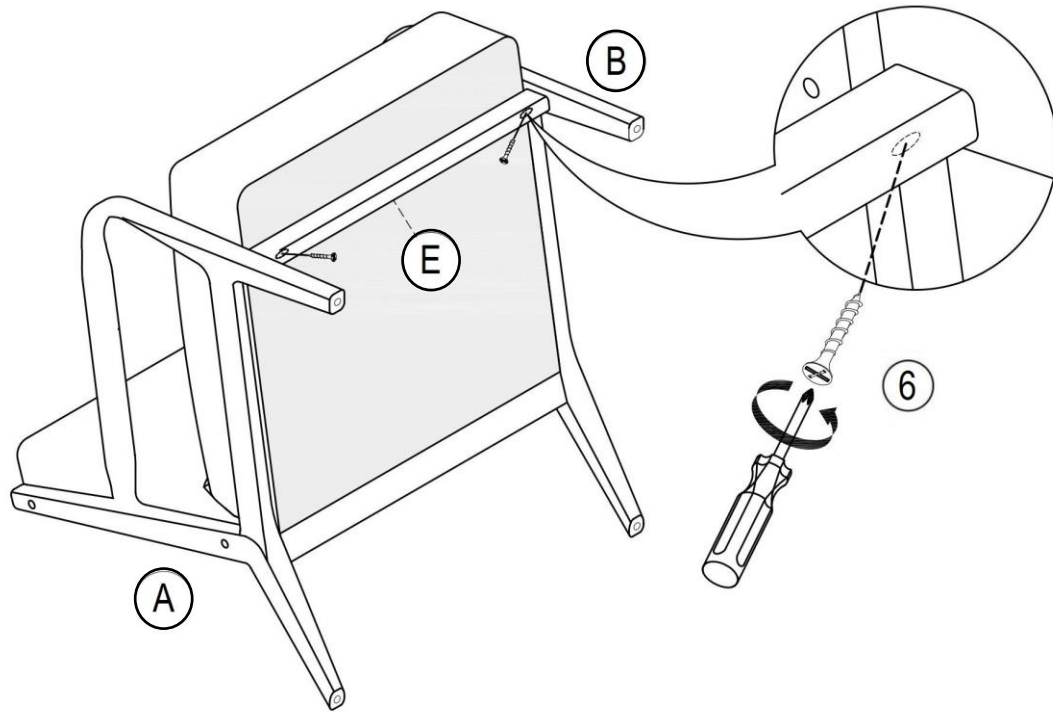


STEP 7.

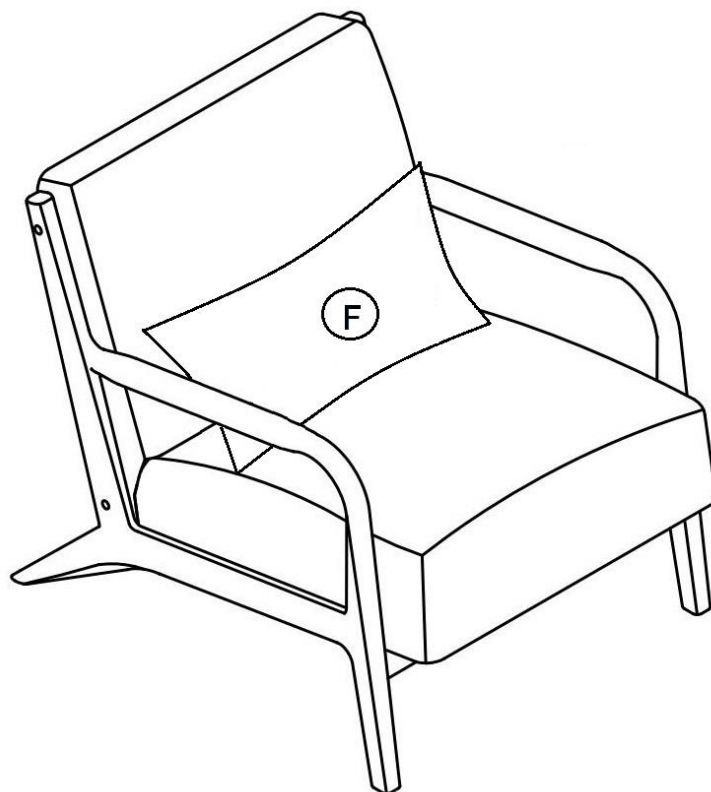


Fully tighten screws/ bolts

STEP 8.



COMPLETED





Parts and Damage Replacement Procedure

1. Please inspect your purchase immediately.
2. This procedure covers product purchased from an authorized Roundhill Reseller and was received in its originally sealed carton.
3. If you find a part missing or damaged, you have a 30-day window in which to order a replacement part from the date on your purchase receipt.
4. You have 3 ways to do this. You will need a copy of your purchase receipt.
 - a. By Fax: Fax the parts order form below and along with your receipt to 614-878-7918
 - b. By Email: Email the order form and along with your receipt to: parts@roundhillfurniture.com
 - c. By Mail: Fill out the parts order form below and along with a copy of your receipt send it to Roundhill furniture parts department 3640 Zane Trace Drive, Columbus OH 43228
5. Once this order is sent in, you will be notified if the part(s) you are requesting can or cannot be shipped within 7-10 business days.

**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