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:	
MAIL:			
REA:	SON FOR REPLACEME cratched, cracked, b nalfunction/ drawer	ent/PLEASE CHE	CK APPROPRIATE BOX. , etc. echanisms, lid stays, etc.

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

