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: _____

ADD	ADDRESS:			(No Post Office Boxes)		
CITY	:	STATE:	ZIP: _			
PHO	NE:		FAX:			
EMA	JL:					
	REASON F	OR REPLACEMENT/P	LEASE CHECK APPRO	PRIATE BOX.		
() () () IF MORE THAN	Mechanical malfur Missing pieces Unfinished surface Wrong color Other	r is listed above, p	s, swivel mechanism	s, lid stays, etc. XACT MODEL NUMBER	OF YOUR	
<u>-</u>	Model Number		Part Letter Code	Quantity		







