

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: _____


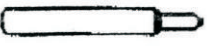
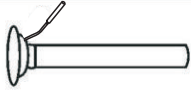



REASON FOR REPLACEMENT/PLEASE CHECK APPROPRIATE BOX.

- ☐ 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

Article/Tell	Pieces/Anzahl	Spare Part
A	4	
B	1	
C	1	
D	1	
E	1	
F	1	
G	1	