



PARTS/REPLACEMENT FORM



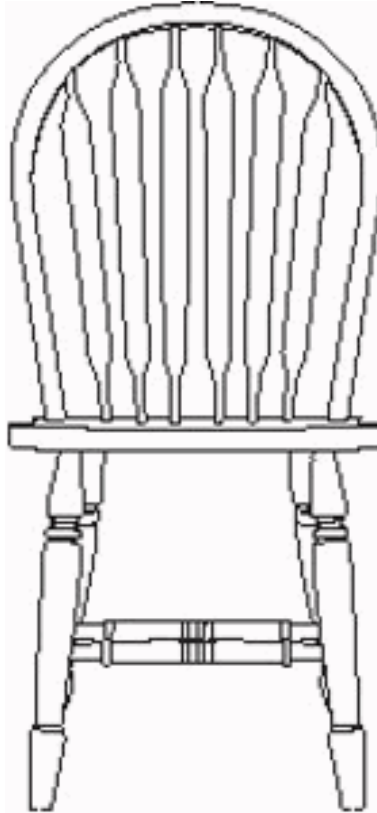
Item: **1050-4**

Description: **#ARROWBACK CHAIR W/TL OAK**

Finish: **OAK**

PLEASE CIRCLE THE PART(S) NEEDED AND FAX TO (888) 296-3883

If possible fax the assembly sheet that was packed in the carton, circling the item(s) that you need.



Complete pack of hardware *ONLY* for this item.

Particular hardware - Attach assembly/parts list & identify

Country of Origin (Stamped on Product and/or Carton) _____

All information below is required to process your parts request

Date: _____ Account #: _____ Store Name: _____

Phone #: _____ Fax #: _____ Contact _____

PRODUCT P.O. #: _____ (Stamp is located on Product and Carton)

Item Ship-To Address: _____

City: _____ ST: _____ Zip: _____

PLEASE INDICATE REASON FOR PARTS/REPLACEMENT REQUEST:

Missing Piece (leg, hardware, etc)

Need Complete Item Replaced & RA Issued

Concealed Damage

Manufacturer Defect (please explain below)

Need RA Only

Freight Damage

Customer Can Repair with a Part

Claim Filed?

BOL Signed Clear?

Detailed Description: _____

Office Use Only: RQ#:

Enter Date: