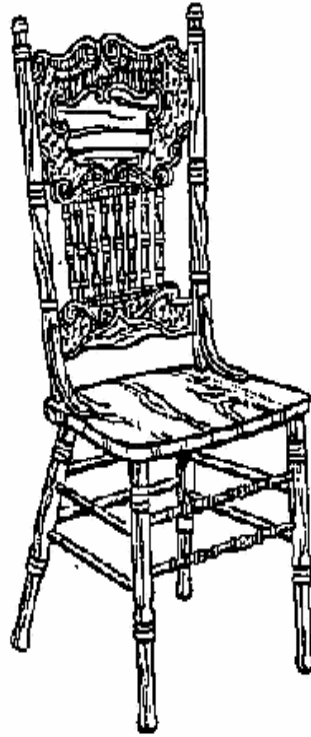




PARTS REQUEST

Item Number: **PBO2** Description: **Double Pressback Side Chair (Built) (2/ctn)** Wood: **Oak**

PLEASE DRAW AN ARROW TO THE PART(S) NEEDED AND FAX TO (336) 472-2329



Request Hardware ONLY for this item.

All information below is required to process your parts request

Date: _____ Account #: _____ Store Name: _____

ContactFax #: _____ Phone #: _____

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

Item Ship-To Address: _____

City: _____ ST: _____ Zip: _____

PLEASE INDICATE REASON FOR PARTS REPLACEMENT REQUEST:

- Missing Piece (leg, hardware, etc.)
 - Concealed Damage
 - Manufacturer Defect *(please explain below)*
 - Freight Damage
- Claim Filed? Y/N
BOL Signed Clear? Y/N

Office Use Only: RQ#:

Enter Date: