



YOUR P.O. # _____	MODEL # _____	QTY _____
SKU # _____	COLOR/COVER # _____	PI # _____

*PI number is on a small white sticker under the seat on the front of the mechanism

DATE _____ ORIGINAL P.O.# _____

DATE OF PURCHASE _____

STORE/DEALER NAME
& LOCATION (CITY, STATE) _____

CUSTOMER NAME _____

ATTN _____

SHIP TO ADDRESS (NO P.O. BOXES) _____

APT/STE # _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PART(S) REQUESTED:

Questions ?????? _____

Arm - R or L facing _____

Base -Castor(s) OK? _____

Color - Leather/Wood _____

Legs - Chair/Ottoman? _____

REASON(S) FOR COMPLAINT:

CHECK ONE OR MORE AS APPLICABLE

- | | |
|--|---|
| <input type="checkbox"/> CRACKED/CRACKING | <input type="checkbox"/> SQUEAKS / WOBBLY |
| <input type="checkbox"/> DAMAGED IN SHIPPING | <input type="checkbox"/> SCRATCHED |
| <input type="checkbox"/> BROKE / BROKE OFF | <input type="checkbox"/> RIPPED/TORN/WORN |
| <input type="checkbox"/> LOSES HEIGHT | <input type="checkbox"/> SCREW INSERTS STRIPPED |
| <input type="checkbox"/> MISSING FROM BOX | <input type="checkbox"/> SPLITTING |

BACK ORDERED INFO			CUSTOMER AWARE OF B/O	FOR PARTS CODING ONLY:		
FACTORY PO#	ORDER DATE	ETA		STOCK CODE	QTY	ON B/O
				STOCK CODE		
				STOCK CODE		
				STOCK CODE		
				STOCK CODE		
				STOCK CODE		