

Customer Information

<p><b>Billing</b></p> <p>NEW PO# _____ Orig. Smart Conf. # _____</p> <p>Company Name _____</p> <p>Billing Address Line 1 _____</p> <p>Billing Address Line 2 _____</p> <p>City _____ State _____ Zip _____</p> <p>Order Sent by _____ Order Date _____</p> <p>Phone _____ Fax _____</p>	<p><b>Shipping</b> – <input type="checkbox"/> Shipping address is same as billing address.</p> <p>Ship To _____</p> <p>Shipping Address Line 1 _____</p> <p>Shipping Address Line 2 _____</p> <p>City _____ State _____ Zip _____</p> <p>Dealer Contact Name _____ Dealer Contact Phone _____</p>	<p><b>Shipping Method</b></p> <p>Truckload Delivery <input type="checkbox"/></p> <p>Job Site Delivery <input type="checkbox"/></p> <p>Residential Delivery: extra fee <input type="checkbox"/></p> <p>Small Parcel <input type="checkbox"/></p> <p>LTL / SKID <input type="checkbox"/></p> <p>Driver Assist: extra fee <input type="checkbox"/></p> <p>Customer Pick-up <input type="checkbox"/></p> <p><b>Requested Delivery Date:</b> _____</p> <p><b>Ship with Order #</b> _____</p>
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Order Information

Door Style _____	<input type="checkbox"/> Standard <input type="checkbox"/> Soft Close	<p><b>Extra fees</b> could incur if proper shipping methods are not placed at the time of order. <b>Dealer Contact Name and Contact Phone Numbers</b> are required for jobsite delivery.</p> <p>Cabinet components ordered on a Claims Form are processed within <b>5-7 working days</b> (quantity of 10 or less). <b>Cabinets</b> ordered through a Warranty Order Form will be processed into the next available run schedule. *Reason for replacement <b>must</b> be marked below.*</p>
Door Hinges _____	<input type="checkbox"/> Pewter <input type="checkbox"/> Chocolate <input type="checkbox"/> Black	
Door Finish _____	Glaze Option (Accessories are not glazed) Applies to Miter doors only	
Drawer Slide _____	<input type="checkbox"/> Standard <input type="checkbox"/> Full Extension <input type="checkbox"/> Side Mount Soft Close Full Extension <input type="checkbox"/> Under Mount Soft Close Full Extension	
Cabinet Construction _____	<input type="checkbox"/> Standard <input type="checkbox"/> Plywood <input type="checkbox"/> Ply-A <input type="checkbox"/> Max <input type="checkbox"/> Ultimate	

**Pictures Required**  
Via Email for doors or cabinet replacement

- Pictures Included Via Email
  Concealed Damage 50 / 50
  Defective item  
 Missing Product (Noted on Bill of Lading)
  Freight Damage (Noted on Bill of Lading)

No.	Cabinet	Quantity	Hinge (L or R)	Reason for Replacement
01				
02				
03				
04				
05				
06				
07				
08				

