

DAMAGE REPLACEMENT CANNOT BE PROCESSED UNLESS THIS FORM IS COMPLETELY FILLED OUT

Customer name: _____

Fax to: 718-233-2698

Ship replacement to: _____

StockCabinetExpress Invoice # _____

Date Received: _____

Assembled _____ RTA _____

Style and Item# _____

(If more than One item, please write on Notes below for detail)

☐ Return Only

☐ Need replacement

REASON FOR RETURN/REPLACEMENT (Please list item(s)):

☐ Wrong Item or Wrong Q'ty Shipped

☐ Wrong Item or Wrong Q'ty Ordered

☐ Defective Item/Parts:

Drawer Head: _____

Drawer Box: _____

Header: _____

Side panel, Right _____ Left _____

Left Door: _____

Right Door: _____

Glides: _____

Whole Cabinet: _____

Other: _____

☐ Reason not listed: _____

Notes: _____

☐ Customer will email defective pictures to: customerservice@stockcabinetexpress.com

(If SCE does not receive any defective parts pictures within 30 days, you will be charged for the parts replaced)

☐ Customer will return defective parts to SCE (for driver pick up on next delivery)

(If SCE does not receive any defective parts pictures within 30 days, you will be charged for the parts replaced)

Customer Signature: _____

Stockcabinetexpress only:

Inspected by: _____

Condition: _____

Approved for credit: _____

25% re-stocking fee