SMART CABINETRY

Claims Form

Revised 1/29/2020

Customer Information

Billing

NEW PO# | Orig. Smart Conf. #

Company Name

Billing Address Line 1

Billing Address Line 2

City | State | Zip

Order Sent by | Order Date

Email Address | Phone

Shipping – ☐ Shipping address is same as billing address.

Ship To

Shipping Address Line 1

Shipping Address Line 2

City | State | Zip

Dealer Contact Name | Dealer Contact Phone

Notes:

Shipping Method

- ☐ Truckload Delivery
- ☐ Job Site Delivery
- ☐ Residential Delivery: extra fee
- ☐ Small Parcel
- ☐ LTL / SKID
- ☐ Driver Assist: extra fee
- ☐ Customer Pick-up

Requested Delivery Date: _____

Ship with Order # _____

Order Information

Construction

☐ Standard (Edgebanded Shelf, 2020 and newer) ☐ All Plywood ☐ Max ☐ Ultimate ☐ Standard (Powdercoated Shelf, 2019 and earlier) ☐ Plywood (Powdercoated Shelf, 2019 and earlier)

Door Style, Finish

Glaze

☐ Pewter ☐ Chocolate ☐ Black

Drawer Slide

☐ Standard ☐ Full Extension ☐ Under Mount Soft Close Drawer Slides

Hinges

☐ Standard ☐ Soft Close

Drawer Front

☐ Standard ☐ 5-Piece upgrade (Shaker Only)

Drawer Bottom

☐ Standard ☐ Plywood

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				