

C. A. Munro Limited

PART FORM - BEDROOM

OFFICE USE ONLY

PART #

*****This form must be filled out completely and accurately before a PART will be considered*****

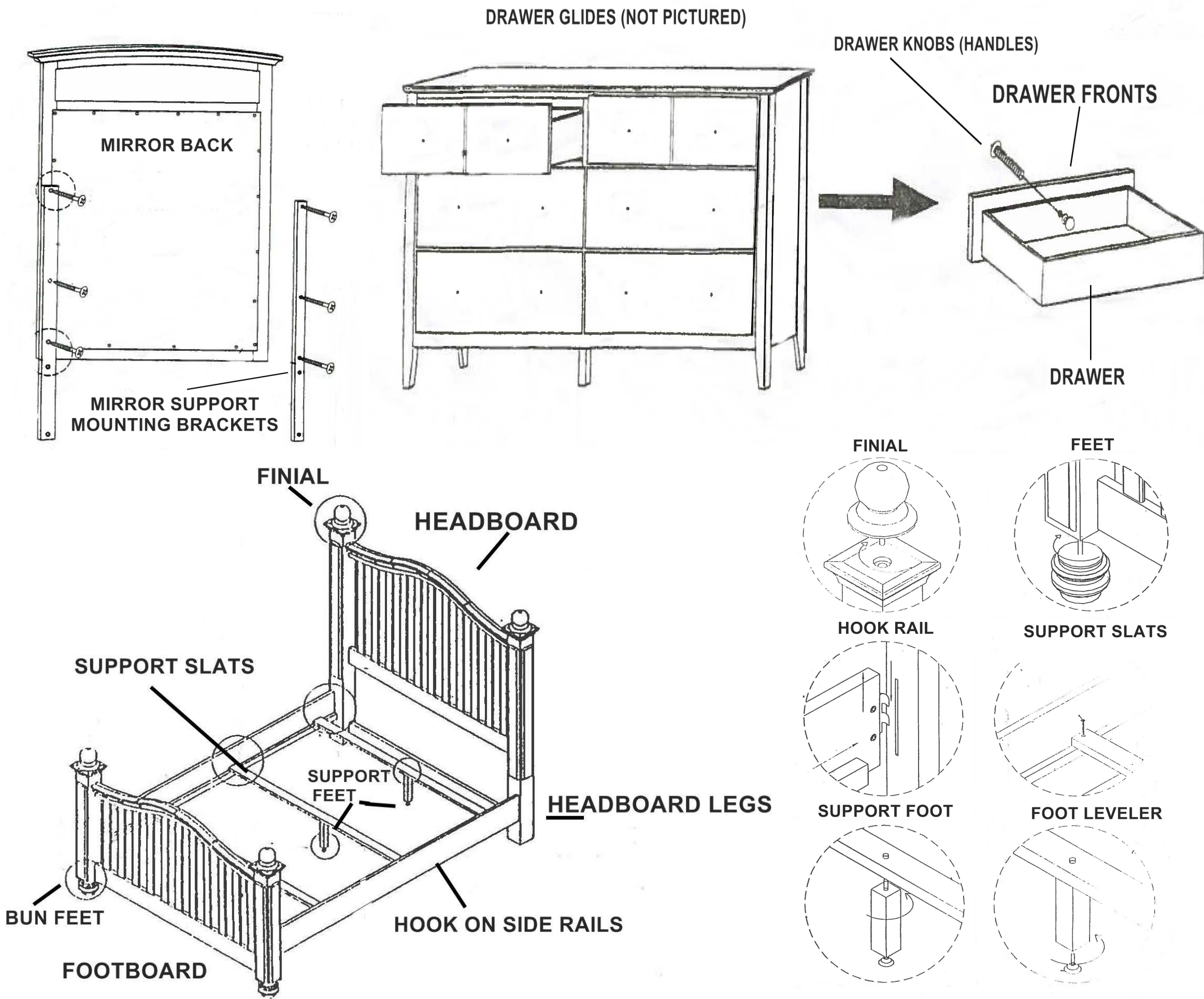
DEALER NAME		DATE	
DEALER ADDRESS		PHONE	
		FAX	

MODEL NO. WITH DESCRIPTION			
PART REQUIRED		QUANTITY	
REASON FOR PART <i>(As much detail as possible)</i>			

STORE STOCK?		EVER IN A CUSTOMER HOME?	
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PLEASE NOTE THAT BROKEN IS NOT A WARRANTY FUNCTION, PLEASE EXPLAIN YOUR REASON FOR REQUEST

SIGNATURE:		PRINT:		DATE:	
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SUGGESTED PARTS LIST-BED

SUGGESTED PARTS LIST - DRESSER, CHEST AND NIGHTSTANDS

SUGGESTED PARTS LIST - MIRROR

DATE SHIPPED	
ORDER NUMBER	

OFFICE USE ONLY	
INVENTORY	PART STOCK