

C. A. Munro Limited  
PART FORM - DINING

OFFICE USE ONLY PART #

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

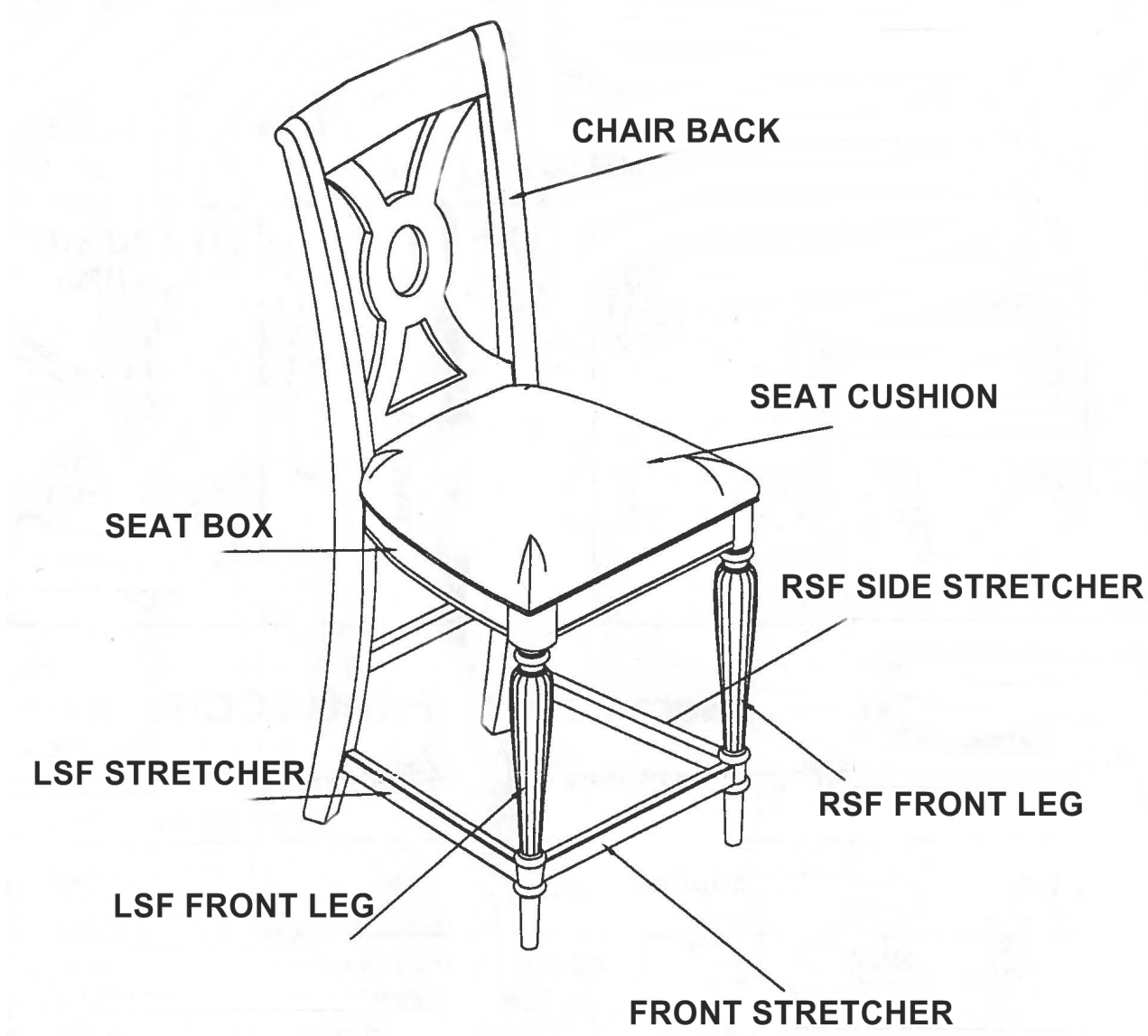
DEALER NAME	<input type="text"/>	DATE	<input type="text"/>
DEALER ADDRESS	<input type="text"/>	PHONE	<input type="text"/>
	<input type="text"/>	FAX	<input type="text"/>
	<input type="text"/>		

MODEL NO. WITH DESCRIPTION	<input type="text"/>		
	<input type="text"/>		
PART REQUIRED	<input type="text"/>	QUANTITY	<input type="text"/>
REASON FOR PART	<input type="text"/>		
(As much detail as possible)	<input type="text"/>		
	<input type="text"/>		

STORE STOCK?	<input type="checkbox"/>	EVER IN A CUSTOMER HOME?	<input type="checkbox"/>
--------------	--------------------------	--------------------------	--------------------------

PLEASE NOTE THAT BROKEN IS NOT A WARRANTY FUNCTION, PLEASE EXPLAIN YOUR REASON FOR REQUEST

SIGNATURE:	<input type="text"/>	PRINT:	<input type="text"/>	DATE:	<input type="text"/>
------------	----------------------	--------	----------------------	-------	----------------------



SUGGESTED CHAIR PARTS LIST



SUGGESTED TABLE PARTS LIST

DATE SHIPPED	<input type="text"/>	OFFICE USE ONLY	
ORDER NUMBER	<input type="text"/>	INVENTORY	<input type="text"/>
		PART STOCK	<input type="text"/>