



# Complaint / Warranty Order Form

SC-9997

**Non Warranty Warranty**

Original Smart Confirmation #				
New Customer Purchase Order #				
Original Smart Invoice #				
Order sent by				

Customer Name :	Customer Name :
Ship to Address:	Bill to Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Contact person:	Contact person:

**Cabinet Components ordered on Warranty Order Form are processed within 3-5 working days. Cabinets ordered through a Warranty Order Form will be processed into next available run schedule. All appropriate boxes below must be marked to process order.**

<p><b>Pictures are Required Via E-mail for Door or Cabinet Replacement</b></p>	<input type="checkbox"/> Non Warranty Replacement Part <input type="checkbox"/> Pictures included via E-mail <input type="checkbox"/> Missing Product Noted on Bill of Lading <input type="checkbox"/> Damaged in Transit <input type="checkbox"/> Concealed Damage 50/50 <input type="checkbox"/> Defective/Warranty Replacement <input type="checkbox"/> Other	<p><b>Requested Delivery Date</b></p>	Notes:					
		Date:	<b>Shipping Method</b>					
	Extra Fee's could be incurred if proper shipping methods are not placed at the time of the order. A Call Ahead phone number is required for jobsite delivery.			<input type="checkbox"/> Call Ahead <input type="checkbox"/> Standard Delivery <input type="checkbox"/> Unload Help <input type="checkbox"/> UPS <input type="checkbox"/> Lift Gate <input type="checkbox"/> LTL / Skid <input type="checkbox"/> Receiving Dock <input type="checkbox"/> Customer Pick Up				

Maple	Ginger	Honey	Pecan	Chestnut	Coffee	Carmel	Oak	Natural	Cinnamon	Pecan	Coffee
Brighton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheffield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cherry</b>		<b>Belgian</b>		
Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hampton	<input type="checkbox"/>			
Bradford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sommerset	<input type="checkbox"/>			
Manhattan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>White</b>		<b>Polar</b>		
Manhattan II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birdgeport	<input type="checkbox"/>			
Cambridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Lancaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

No.	Item	Qty	Hinge (L or R)	Reason for replacement
1				
2				
3				
4				
5				
6				
8				

Delivered by:	Pro# or Tracking#	Shipping Document Information	Yes	No
Freight Co.		Shortage notated on Bill of Lading	<input type="checkbox"/>	<input type="checkbox"/>
UPS		Carton Damaged notated on Bill of Lading	<input type="checkbox"/>	<input type="checkbox"/>
LTL/ Skid		Digital Photos of Damaged Carton	<input type="checkbox"/>	<input type="checkbox"/>
Customer Pick Up		Digital Photos of Damaged Item	<input type="checkbox"/>	<input type="checkbox"/>
<b>Complaint Type:</b>		Shipping: <input type="checkbox"/>	Product: <input type="checkbox"/>	Invoice / Billing: <input type="checkbox"/>



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**Shipping Complaint**

- Damaged in Transit
- Wrong Items
- Shortage
- Overage
- Delivery Issues
- Other

**Details with Item #**

**Product Complaint**

- Door Damage
- Finish / Stain
- Loose Joint
- Scratch / Dent
- Drawer Box
- Drawer Hardware
- Hinge Broken
- Veneer Flaw
- Cabinet Damage
- Toe Kick Damage
- Staple Blow Out
- Material Defect
- Other

**Details with Item #**

**Invoice Complaint**

- Multiplier/Pricing
- Quantities
- Freight Cost
- Sales
- Order Entry

**Details with Item #**