

# Product Replacement Form

## Customer Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_

## Item Information

QTY	Description

## Additional Information

Please complete this form and keep a copy for your records. **Mail the completed form to the address below including a check for \$20.00 for shipping and handling. Made payable to Hettich America L.P. Please include a complete set of defective product. (Ex. Cup and plate of hinge).** Due to constant improvements, our products changes. Therefore we are only able to ship a comparable replacement products upon receiving a complete sample **and** your payment. Please expect a replacement product within 3-4 weeks.

Mailing Address:

Hettich America L.P.  
Product Replacement  
4295 Hamilton Mill Road  
Buford, GA 30518

Technik für Möbel

