

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 one 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

