

## Parts Order Form for Sectionals

This form **MUST** be filled out completely in order to process

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

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

Phone Number: (    ) \_\_\_\_\_

Fax Number: (    ) \_\_\_\_\_

Customer PO Number \_\_\_\_\_

Original Invoice Number: \_\_\_\_\_

Style number	Item	Fabric	Part needed

Reason for Part Order: \_\_\_\_\_  
 \_\_\_\_\_

