

CLAIM FORM _V02 (12/01/2017)



Customer Support Center: 925.241.4270 | support@demetracabinetry.com
 Sales: 408.436.8684 (San Jose) | 925.282.8100 (Dublin)

PLEASE COMPLETE THIS FORM AND EMAIL SUPPORT@DEMETRACABINETRY.COM OR FAX TO 408.318.6146 FORM MUST BE SUBMITTED NO LATER THAN 48 HOURS FROM DATE OF PICKUP/DELIVERY.

Claim No.
(Assigned by Demetra CSC)

- Has it been 48 hours or less since you have received your cabinet(s)? Yes No
- Has the cabinet(s)/part(s) been installed? Yes No

NAME: _____ INVOICE# : _____
 EMAIL: _____ PHONE: _____ DELIVERED/PICKUP DATE: _____
 ADDRESS: _____ DATE OF CLAIM: _____

***** Please see the label sticker for the CABINET ID/MODEL# *****

#	Cabinet ID#	Cabinet Model#	Cabinet Spec (WXHXD)	Claimed Part	Qty:	Description of the Claim
				<input type="checkbox"/> Door Front <input type="checkbox"/> Drawer Front <input type="checkbox"/> Drawer Box <input type="checkbox"/> Trims/Panels <input type="checkbox"/> Hardware <input type="checkbox"/> Others		
				<input type="checkbox"/> Door Front <input type="checkbox"/> Drawer Front <input type="checkbox"/> Drawer Box <input type="checkbox"/> Trims/Panels <input type="checkbox"/> Hardware <input type="checkbox"/> Others		
				<input type="checkbox"/> Door Front <input type="checkbox"/> Drawer Front <input type="checkbox"/> Drawer Box <input type="checkbox"/> Trims/Panels <input type="checkbox"/> Hardware <input type="checkbox"/> Others		
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				<input type="checkbox"/> Door Front <input type="checkbox"/> Drawer Front <input type="checkbox"/> Drawer Box <input type="checkbox"/> Trims/Panels <input type="checkbox"/> Hardware <input type="checkbox"/> Others		

Signature x _____
(Customer)

Date: _____