

CLAIM FORM _V04 (06/10/2022)



Customer Support Center: 408.482.4800 | support@demetracabinetry.com
 Sales: 408.436.8684 (San Jose) | 925.282.8100 (Dublin)

PLEASE COMPLETE THIS FORM, SAVE AND SUBMIT.
 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 _____ Date: _____
(Customer)

[Go to submission page](#)

CLAIM CLOSED:

Signature x _____ Date: _____
(Customer)