



REPLACEMENT PART ORDER FORM

- **PLEASE WRITE CLEARLY**
- YOUR REQUEST WILL BE DELAYED IF WE ARE UNABLE TO READ
- SUBMIT FORM **AND** PICTURES OF DAMAGED ITEMS TO: CUSTOMERSERVICE@QUALITYONEWOODWORK.COM
- ALL REQUESTS WILL BE REVIEWED BY OUR CUSTOMER SERVICE TEAM TO DETERMINE IF THE DAMAGE IS A MANUFACTURE DEFECT

NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

REASON FOR REQUEST:

Date: _____

DRAWER GLIDES

(check the appropriate line)

_____ **Standard Glides** (3/4 Extension)

Glide on drawer: _____ Qty: _____

Glide in cabinet: _____ Qty: _____

Left: _____ Right: _____

_____ **Soft Close (Premium Vanity Glides)**

Left: _____ Right: _____

_____ **Soft Close (Premium Glides)**

Left: _____ Right: _____

HINGES

_____ Standard 1/2" Hinge Qty: _____

_____ Soft Close Qty: _____

Lazy Susan

_____ Connecting door to frame Qty: _____

_____ Connecting doors Qty: _____

DRAWER HANGING BRACKET

(Plastic bracket used with drawer glides)

Qty: _____

(Metal bracket with Premium glides)

Qty: _____

SHELF CLIPS

Qty: _____

OTHER

