



# MAZIN FURNITURE

H O M E L E G A N C E



scan and e-mail to: [parts@mazinfurniture.com](mailto:parts@mazinfurniture.com) OR fax to: 905-761-1584  
OR post to: 8080 Keele Street, Concord, ON L4K 2A3

## PARTS/HARDWARE REQUEST FORM

NAME		TODAY'S DATE	
STREET		APT.	
DATE PRODUCT PURCHASED			
CITY	PROV	POSTAL CODE	
STORE NAME WHERE PURCHASED			
PHONE	FAX		
E-MAIL		STORE LOCATION	

I HAVE ATTACHED MY INVOICE AS PROOF OF PURCHASE

PRODUCT NUMBER	PRODUCT DESCRIPTION
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I HAVE ATTACHED THE ASSEMBLY INSTRUCTIONS AND CIRCLED THE PARTS REQUIRED

PART / HARDWARE LETTER or NUMBER	PART NAME	QUANTITY REQUIRED
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PART DESCRIPTION*	REASON <input type="checkbox"/> MISSING <input type="checkbox"/> DAMAGED OTHER:
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PART / HARDWARE LETTER or NUMBER	PART NAME	QUANTITY REQUIRED
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PART DESCRIPTION*	REASON <input type="checkbox"/> MISSING <input type="checkbox"/> DAMAGED OTHER:
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PART / HARDWARE LETTER or NUMBER	PART NAME	QUANTITY REQUIRED
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PART DESCRIPTION*	REASON <input type="checkbox"/> MISSING <input type="checkbox"/> DAMAGED OTHER:
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\* Indicate the location of the part where applicable:

Left-Hand Facing (LHF), Centre, Right-Hand Facing (RHF); Top, Middle or Bottom; Front or Back