WHALEN™

Parts Request Form

Items in **bold** are mandatory fields.

1444 30th St.
Suite D
San Diego, Ca.
92154

Customer Name: _____
Address: _____
_____
_____
City/State: _____
Zip: _____

Date: _____
PO Box #: _____
Contact: _____
Phone: _____
Email: _____

Please circle the appropriate Part Problem Code:

Missing	Corner Crushed
Broken/ Cracked	Forklift Damage
Scratched	Freight Damage
Wrong Finish	Factory Defect

Model #: _____

Factory #: _____

Finish:

____ Light	____ Cherry
____ Medium	____ Mission
____ Nutmeg	____ White

Parts Requested: _____
_____
_____
_____
_____
_____

Order Completed By: _____

When you have completed this form, you may either mail it to the address on the top right or you can fax it to **619.423.2294**. If you have any questions or need help filling out this form, please call us at **1.800.765.5867**.