Kitchen	RMA #	
Cabinet		_

## Warranty Claim Form

All Warranty Claims must be presented in writing by completing this form in full and submitting it to returns@kcdus.com or fax 919.833.6539

Company	Name			Date Submitted	
Contact Pe	erson			Phone	
Email					
Shipping /	Address rom original)				
City				State Zip	
KCD Sales	Order #			Dealer PO #	
KCD Asser	mbled?	Yes	No	Visible damage upon arrival? Yes	No No
Quantity	Product L	ine	Item/SKU #	Claim Description Please be as specific as possible	Employee Initial
Please atta error relate	ach one close	e-up pio CD requ	cture as well as a p uires only one pictu	orders, KCD requires two (2) photos of all dama cture from a three (3) foot distance. For shipping e of the incorrect product. Use the notes section	and order fulfillment
Notes:					
that the cla right to rec	aim is justified quest additior	d, provi		n, KCD will process the claim promptly and, assurchandise as quickly as it is reasonably practica ny claim made.	
Signature					