



Hinge Replacement Form

Step 1: List the items you have included.

QTY ____ Hinge _____

QTY ____ Mounting Plate _____

Note: You **must send both the sample hinge and the mounting plate** for us to complete the replacement match.

Step 2: Provide your Customer Contact Information.

Email:	
Daytime Phone:	
Qty Needed:	
Name:	
Address	
Address 2	
City/State/Zip:	
Notes:	
	Customer Request the enclosed samples to be returned. <input type="checkbox"/> Yes <input type="checkbox"/> No

Step 3: Send your completed form and the items for matching to:

CabinetParts.com
Hinge Replacement Service
1301 W Copans Rd. Suite G-6
Pompano Beach, FL 33064