HOMEPRO
Cabinets and Flooring

[ ] REPLACEMENT
[ ] RETURN
FORM

Please fill out this form in full. Fill one form for each invoice.

COMPANY:		CONTACT:
INVOICE:	**SALES REP:**	**DATE:**

Please fill one line per item. All fields are required and will not be processed unless this form is filled out.

RECEIVED	COD PROD	PART	QUANT	REASON				APPROVED
Y / N					Broken or damaged		Joint Cracked	Y / N
					Scratched Paint		Peeling Paint	
					Wrong Size		Other:	
Y / N					Broken or damaged		Joint Cracked	Y / N
					Scratched Paint		Peeling Paint	
					Wrong Size		Other:	
Y / N					Broken or damaged		Joint Cracked	Y / N
					Scratched Paint		Peeling Paint	
					Wrong Size		Other:	
Y / N					Broken or damaged		Joint Cracked	Y / N
					Scratched Paint		Peeling Paint	
					Wrong Size		Other:	
Y / N					Broken or damaged		Joint Cracked	Y / N
					Scratched Paint		Peeling Paint	
					Wrong Size		Other:	

The items marked above were received. They will be inspected and we will inform about how the case will be handled.

WAREHOUSE Signature: ____ **Date:** ___________________________

All items approved above were replaced. Damaged items were replaced by a usable spare part. Items replaced were fully inspected and were delivered to the customer in good and acceptable condition.

WAREHOUSE Signature: ____ **Date:** ___________________________

I have fully inspected the above approved items, and they are in good and acceptable condition. I understand that eventually I must discuss with my Sales Representative the alternatives for the non-approved items.

CLIENT's Signature: ____ **Date:** _______________________