

PAIANO UPHOLSTERY INC.
Fax (416) 749-7721

RETURN #

FAX IN A COPY OF THE CUSTOMERS PROOF OF PURCHASE

COMPANY NAME : _____ DATE: _____

FULL ADDRESS: _____

DATE CUSTOMER PURCHASED : _____ INVOICE # _____

CONTACT NAME: _____ CUSTOMER NAME : _____

TEL # () _____ FAX # () _____

STYLE # _____ COLOR # _____

SOFA LOVE CHAIR S/B LS/B WING SECTIONAL FOOTSTOOL

REASON FOR RETURN: **(NO PART REQUESTS FILL OUT A PART FORM !!)**

***** OFFICE USE ONLY *****

APPROVED FOR RETURN: YES _____ NO _____ WARRANTY : YES _____ NO _____

DATE: _____ APPROVED AS PER : _____

REPAIR COST: \$ _____ Inc Tax CREDIT MEMO # _____

**PLEASE HAVE A COPY OF THIS RETURN ON THE
MERCHANDISE WHEN RETURNED FOR REPAIR TO
PAIANO OR IT WILL BE REFUSED!**