



Parts & Service Request for Quote

Date: _____ Customer Service Agent: _____

Project Information:

*Original Installation Name: _____ Original Installation Order #: _____ Type of Facility: _____
Chair Model: _____ *Project City: _____ *Project Province / State: _____

***Bill To Information:**

Contact Name: _____
Contact Company: _____
Address: _____
City: _____ State / Province: _____
Zip / Postal Code: _____ Country: _____
Contact Phone: _____ Office _____ Mobile _____ Contact Fax: _____
Contact Email: _____

Ship To Information:

Same as Bill To

Company: _____
Attention: _____
Address: _____
City: _____ State / Province: _____
Zip / Postal Code: _____ Country: _____
Ship To Phone: _____ Office _____ Mobile _____ Ship To Fax: _____
Ship To Email: _____

Part Number	Quantity	*Part Description	Comments:

Fabric: _____ Wood / Stain: _____
Powder Coat: _____ Plastic: _____ Laminate: _____

*Required Fields. Please provide as much information as you can. We will research / verify information prior to processing your order. Irwin Seating Company will proceed with ordering parts required upon receipt of this form with proper payment. Terms of payment are; payment in full via Check / Credit Card or a purchase order with an existing Irwin Seating Company account. Minimum \$50.00 order and \$10.00 minimum shipping charge (\$USD Only). Parts pricing does not include freight, taxes or fees. Canceled or returned orders are subject to cancellation or restocking fees. Some special order products may not be returnable. Products may not be returned without authorization from the Parts Department. To request return authorization contact us at partsandservices@irwinseating.com, phone: 616.574.7470, Fax: 616.574.7278.



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Ship To Information:

Same as Bill To

Company: _____
 Attention: _____
 Address: _____
 City: _____ State / Province: _____
 Zip / Postal Code: _____ Country: _____
 Ship To Phone: _____ Office _____ Mobile _____ Ship To Fax: _____
 Ship To Email: _____

Payment Options:

Purchase Order PO#: _____ Check Credit Card If credit card, authorization will be sent Irwin Account Account #: _____

Part Number	Quantity	Part Description (required)	Pricing (provided per part)			
			(1-14)	(15-99)	(100+)	Total

Fabric: _____ Wood / Stain: _____

Powder Coat: _____ Plastic: _____ Laminate: _____

All quotations are valid for 30 days from date referenced above. Irwin Seating Company will proceed with ordering parts required upon receipt of this form with proper payment. Terms of payment are; payment in full via Check / Credit Card or a purchase order with an existing Irwin Seating Company account. Minimum \$50.00 order and \$10.00 minimum shipping charge (\$USD Only). Parts pricing does not include freight, taxes or fees. Canceled or returned orders are subject to cancellation restocking fees. Some special order products may not be returnable. Products may not be returned without authorization from the Parts Department. To request return authorization contact us at partsandservices@irwinseating.com, phone: 616.574.7470, Fax: 616.574.7278.