



# 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](mailto:partsandservices@irwinseating.com), phone: 616.574.7470, Fax: 616.574.7278.



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