



Return/Exchange Form

Phone: (802)-448-5500

Fax: (802)-497-1622

Email: info@kobkitchen.com

Account Information

Company Name:	Today's date:
Customer Name:	Phone Number:
Email Address:	Purchase Date:
Shipping Address:	Original Invoice Number:

ASSEMBLED CABINETS CANNOT BE RETURNED OR EXCHANGE

List item(s) you would like to return/exchange

KOB Item Number	Quantity	Reason For Returning/Exchange

Please make sure you have carefully read and understand the KOB Return/Exchange Policy before completing this form.

Note: KOB Kitchen will review your return application and decide how to rectify the situation. If we find your return in good condition, you will be given a store credit for future purchases. We charge a 25% re-stocking fee on all returns. KOB Kitchen is not responsible for costs associated with return shipping. If the item(s) in question pass our examination, you will be given a credit memo outlining the specific monetary amount that we owe you. You will then be able to apply this to a new sale order.

KOB Kitchen– 2019

3910 Shelburne Road, Shelburne, VT 05482

Warranty Claim Form

Internal Use Only: KOB Representative: _____ Solution: _____