



COSMETIC PARTS ORDER FORM

ACCOUNT NAME: _____

ACCOUNT ADDRESS: _____

NAME: _____ PHONE #: _____

BRAND: _____

SECTION SIZE: (length & height): _____

QUANTITY & DESCRIPTION of PART

LOCATION OF PART (what row & how many trays down)

COMMENTS: Reason for ordering parts:

ONCE COMPLETED FORM CAN BE SENT VIA EMAIL TO: CSS@LRDIST.COM OR
FAXED TO: 718-272-3307.