



## 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](mailto:CSS@LRDIST.COM) OR FAXED TO: 718-272-3307.