



## Team Efforts Cabinetry Warranty Form

*Please fill out the form appropriately to receive warranty on your Team Efforts cabinets and be sure to read the warranty information in its entirety.*

Full name: \_\_\_\_\_ Place of purchase: \_\_\_\_\_

Place of purchase address: \_\_\_\_\_

Your Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Cabinet Line (*For example: Designer Series Autumn Blush*): \_\_\_\_\_

Invoice number: \_\_\_\_\_ Date of purchase: \_\_\_\_\_

**\*\*Please send the form along with a copy of your sales order to [info@TEcabinets.com](mailto:info@TEcabinets.com) and we will email back a confirmation to indicate the time of warranty and contact information if there is any problem.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date