

## Remake Form [CLICK TO RESET](#)

**Attention:** Please fill out this remake form completely and with as much detail as possible. Remakes are inconvenient for all involved and we'd like to ensure we get your remake done right and that we have fewer remakes in the future. A member of remake review team will be contacting you to ensure accuracy. Please include photos if possible.

|                              |                                                                               |                  |  |
|------------------------------|-------------------------------------------------------------------------------|------------------|--|
| Company Name                 |                                                                               | Date             |  |
| Account #                    |                                                                               | Contact Name     |  |
| Ship To Address              |                                                                               | E-mail Address   |  |
| City/State/Zip               |                                                                               | Phone Number     |  |
| Pindot Sales Rep             |                                                                               | Purchase Order # |  |
| Custom Molded CLIP File Name | <i>*Note: CLIP file name= 1st Initial, 1st 3 of last name &amp; Account #</i> |                  |  |
| Client Reference             |                                                                               |                  |  |

### Remake Type

- ☐ Seat Remake  
☐ Back Remake  
☐ Seat & Back Remake

### Cushion Type

- ☐ Silhouette Seat  
☐ Silhouette Back  
☐ ContourU Seat  
☐ ContourU Back

### Shape Capture Type

- ☐ New Silhouette Data Sheets  
☐ New CLIP File  
☐ New Skribbl'r File  
☐ New Plaster Cast  
☐ Original Shape

### Remake Reason

### Explanation:

|                          |                                         |  |
|--------------------------|-----------------------------------------|--|
| <input type="checkbox"/> | Incorrect or Omitted Feature            |  |
| <input type="checkbox"/> | Fit- Cushions didn't match molded shape |  |
| <input type="checkbox"/> | Fit- Client needs to be remolded        |  |
| <input type="checkbox"/> | Other- Please describe                  |  |

### Order Options

- ☐ Use Original Order form with NO option changes  
☐ Submitting a NEW order form with changes

One of these options MUST be selected.

☐ Original PO #   
☐ Original Order Number   
☐ Original Cushion Serial Number\*   
\*(written on the cushion)

One of these options MUST be selected.  
Please provide original order information.

☐ Reusing Original Pindot Pan  
 Seat Pan: Width  " Depth  "  
 Back Pan: Width  " Height  "

☐ Reusing Original Mounting Hardware (Do Not resend hardware with remake)

☐ Quote/ Order Acknowledgement to be sent to:

### Customer Requested Change- *Specific reasons needed or the remake will not be processed.*

|      |  |
|------|--|
| SEAT |  |
| BACK |  |