

### Order Modification or Cancellation Request Form

Customer Name: \_\_\_\_\_

Order Number: \_\_\_\_\_

**Instructions:** Please complete this form if you wish to modify or cancel your existing order. Kindly provide accurate and detailed information to expedite the process. Our team will review your request and get back to you within **48 hours** with confirmation and further instructions.

#### Order Details:

- Product Name/Description: \_\_\_\_\_
- Quantity: \_\_\_\_\_
- Order Date: \_\_\_\_\_

#### Requested Action:

- Modify Order
- Cancel Order

**Modification Details (if applicable):** Please provide a clear description of the changes you would like to make to your order, including any new product details, quantities, or specifications)

**Reason for Modification/Cancellation:** (Please briefly explain the reason for your request.)

#### Contact Information:

- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Agreement:** I understand that submitting this form does not guarantee the modification or cancellation of my order. The final decision will be subject to review by the company's customer service team. I acknowledge that any refunds or adjustments will be processed according to the company's refund policy.

\*\*Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form via email to [support@thedoordistrict.com](mailto:support@thedoordistrict.com)

The Door District

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