

fit with order

317314

REPAIR SERVICE (please tick one box)

Non-urgent Blind under GUARANTEE	<input checked="" type="checkbox"/>
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Chargeable Repair	<input type="checkbox"/>
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CUSTOMER NAME **RICHARDSON**
 ADDRESS **15 NETTLETON Gdns.**
WIDEOPEN
NE13 6JU
0191-2365465

ORDER NO. **309987**
 ORDER
 ORIG SALES PERSON: **RAD**
 ORIGIN BY
 DAY TO CALL

PRODUCT RETURNED TO FACTORY
ORIG. D.O.S. 19-1-15
D.O.F. 2-2-15

DATE CALLED
 COLLECTED BY
 REPAIR CRISIS **Y/N**

DETAILS OF REPAIR TO BE MADE
 (Please indicate if any)
BLIND NO 2 IS FRAYING ON EDGE
AND NEEDS REPLACING, BUT MEMPHIS
IS DISCONTINUED SO ALL THREE
NEED REPLACING AS IN SAME
ROOM.

IF YES,
 ENTER RETURN CODE

34 7/8 x 45
116 3/8 x 34
47 x 34

DAY TO REPAIR

DATE REPAIR

REPAIR

WHEN
 DATE
ALL O/A + ALL STRAIGHT FINISH
AND CHROME CHAINS

DETAILS OF WORK
 DONE

PECH FACT BY
 DATE INT BREQ
 REPAIR NO
 DATE INT OUT BREQ
 REPAIRED BY
 CHECKED BY

PRODUCT TO BE REPAIRED
 QTY NUMBER

RETURN CODE
 MATERIAL COST
 TLR COST

NAME

INT - SUPPLY

