

REPAIR SHEET (please tick one box)

Non Chargeable
Blind under Guarantee

Chargeable Repair

CUSTOMER NAME: LEE

ORDER NO: R 311681

ADDRESS: 5 CAMILLA RD
HEDDON ON THE WALL
NE15 0ED
01661 853967

CUST REF:

ORIG SALES PERSON: RPD

ORIG FIT BY: RHM

DAY TO CALL: / /

DATE CALLED:

COLLECTED BY:

REPAIR ON SITE Y/N

IF YES,
ENTER RETURN CODE

DAY TO RE-FIT: RWR

DATE RE-FIT:

RE-FIT BY:

REC in FACT BY:

DATE ENT IN REG:

REPAIR No:

DATE ENT OUT REG:

REPAIRED BY:

CHECKED BY:

RETURN CODE:

MATERIAL COST:

TIME SPENT:

ENT on COMP BY:

PRODUCT RETURNED TO FACTORY:

DETAILS OF REPAIR TO BE DONE:

Number of blinds to REPAIR []

PLEASE MAKE 3x VANES IN

3/2 ACACIA PEBBLE

3x 5 1/4" IR.

(1314)

WEO'S 2x
FAULT: MISSING OR FAULT.

DETAILS OF WORK

DONE:

PRODUCT TO BE RETURNED TO
CUSTOMER:

NAME

