

REPAIR SHEET (please tick one box)

Non Chargeable  
Blind under Guarantee

Chargeable Repair

CUSTOMER NAME: ASHCROFT

ADDRESS: 34 BARNESIDE  
NORTH SUTTON  
NE63 9UB  
07967 871839

ORDER No: 320632

COST REF:

ORIG SALES PERSON: RSE

ORIG FIT BY: RPH

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 OR COMP BY:

PRODUCT RETURNED TO FACTORY:

DETAILS OF REPAIR TO BE DONE:

Number of blocks to REPAIR [ ]

PLEASE MAKE 1 SET VANDS

20 SUIT 1770 X 1025 1/R

PLANTER WHITE 3/2 1/2

WHO'S

FAULT:

MANUFACTURE W  
Rowan way #

DETAILS OF WORK

DONE:

\$100 left TOTAL

PRODUCT TO BE RETURNED TO

CUSTOMER:

NAME

