

REPAIR SHEET (please tick one box)

Chargeable under Guarantee

Chargeable Repair

NAME: MCATOMINEY  
24, GRAHAM PK ROAD  
GOSFORTH  
284297B

ORDER No: 320644

CUST REF:

ORIG SALES PERSON:

ORIG FIT BY:

DAY TO CALL: / /

DATE CALLED:

COLLECTED BY:

REPAIR ON SITE Y/N

IF YES,  
ENTER RETURN CODE

DAY TO RE-FIT: ASAP

DATE RE-FIT: E 74 TO

RE-FIT BY: Pay

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 and COMP BY:

TURNED TO FACTORY: \_\_\_\_\_

REPAIR TO BE DONE:

of blinds to REPAIR [ ]

50mm BLIND Will  
ONLY CLOSE ONE WAY

SENDING ON TUESDAY  
VAN

ORK

RE RETURNED TO

