

G353649 / R

FISHER.

Fault Report

Customer Name: Fisher	Date: 06.03.23
Customer Reference: 353649	Fitter: Scott Johnson
Salesperson: Dave	Salesperson called: No
Blind Type and number: Velux, Blind 1 (Dinner)	
Fault Description: Velux have sent the incorrect blind it should be a solar velux, see images attached to email.	
Action to correct: N/A	
Problem fixed on site: No	
Further action required: Order new blind.	

COLLECTION DETAIL			
		C2350902X	
Name	: Rainbow Blinds & Fab	Consignment No	: <input type="text" value="C2350902"/>
Address	: 61 Canyon Road Netherton Industrial Wishaw	On Behalf Of	: Velux
Postcode	: ML2 0EG	Collection Ref	: 98972767
Contact Name	: Rainbow Blinds & Fab	No. Items	: 1
Phone No	: 01698351888	Weight	: 3.00 Kg
	* Delivery Due - Rnd 001 *	Description	: DKL SK06 1025SWLG
		Special Instr	:
		Ready Time	: <input type="text" value="10:00"/>
		Close Time	: <input type="text" value="17:00"/>

FREIGHT DETAIL	Some text for international in a box
No. Items (if different from above) _____	Weight (if different from above) _____ Kg

(Must Be Completed)

We confirm collection of items above on date and that the goods were at collection point

<input type="checkbox"/> Fully Packed	<input type="checkbox"/> Damaged	Description Of Damage (if Damaged ticked) <input type="text"/>
<input type="checkbox"/> Not Fully Packed	<input type="checkbox"/> Not Available	

Signed: _____ Name: _____ Time: _____

Nothing To Collect Detail:	NF Authorisation Code:
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COLLECTION DETAIL			
		NOT USED	
Name	: <i>*Collected for * return to velux 23/3</i>	Consignment No	: <input type="text"/>
Address	: <i>*Collected for * return to velux 23/3</i>	On Behalf Of	: <i>C1353649 FISHER</i>
Postcode	: <i>23/3</i>	Collection Ref	: <i>C1353649 FISHER</i>
Contact Name	:	No. Items	: _____
Phone No	:	Weight	: _____ Kg
		Description	:
		Special Instr	:
		Ready Time	: <input type="text"/>
		Close Time	: <input type="text"/>

FREIGHT DETAIL	Some text for international in a box
No. Items (if different from above) _____	Weight (if different from above) _____ Kg

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<input type="checkbox"/> Fully Packed	<input type="checkbox"/> Damaged	Description Of Damage (if Damaged ticked) <input type="text"/>
<input type="checkbox"/> Not Fully Packed	<input type="checkbox"/> Not Available	

Signed: _____ Name: _____ Time: _____

Nothing To Collect Detail:	NF Authorisation Code:
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