

REPAIR SHEET (please tick one box)

Chargeable under Guarantee

Chargeable Repair

NAME: JACKSON
2 HARVEY CLOSE
NORTH SCATON
NE639EH
01670 817367

ORDER No: 317284 |

CUST REF:

ORIG SALES PERSON: RDF

ORIG FIT BY: RAN

DAY TO CALL: / /

DATE CALLED:

COLLECTED BY:

REPAIR ON SITE Y/N

IF YES,
ENTER RETURN CODE

TURNED TO FACTORY:

REPAIR TO BE DONE:
of blinds to REPAIR []

PELMETS REQ

PROVISIONED ORK

1x50 600 LH RIN

1x50 600 RH RIN

DAY TO RE-FIT:

DATE RE-FIT:

RE-FIT BY:

ORK

NO MITERS ON PELMETS

REC IN FACT BY:

DATE ENT IN REG:

REPAIR No:

DATE ENT OUT REG:

REPAIRED BY:

CHECKED BY:

IF RETURNED TO

RETURN CODE:

MATERIAL COST:

TIME SPENT:

