

REPAIR SHEET (Please tick one box)

Chargeable under Guarantee	<input checked="" type="checkbox"/>
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Chargeable Repair	<input type="checkbox"/>
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NAME: CALDER
 7 BARRASTOORD CLOSE
 KINGSNERE
 GOSPORT
 NE342G

ORDER No: 317476

CUST REF: 221 22

ORIG SALES PERSON: ROF

ORIG FIT BY: RPH

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 []

2
WANT MAKE 13X VANGES

1 IN 5" EXLITE CREAM TO SUIT

929 EXACT VANE SIZE

DAY TO RE-FIT: Rush

DATE RE-FIT:

RE-FIT BY:

ORR

(A)

REC IN FACT BY:

DATE ENT IN REG:

REPAIR No:

DATE ENT OUT REG:

REPAIRED BY:

CHECKED BY:

BE RETURNED TO

RETURN CODE:

MATERIAL COST:

TIME SPENT:

