

REPAIR STATE (Please tick one box)

Non-Chargeable  
Brand under warranty



Chargeable Repair

CUSTOMER NAME **SCARFF**

ORDER NO. **317496**

ADDRESS: **41, WOODSIDE AVE  
CORBRIDGE  
NE45 5EL**

CURTAIN  
ORIG SALES PERSON: **ROR**  
ORIG FIT BY

**07766790524**

DAY TO CALL **1 1**

PRODUCT RETURNED TO FACTORY

DATE CALLED

DETAILS OF REPAIR TO BE MADE

COLLECTED BY

Number of Minis to REPAIR

REPAIR ON SITE **Y/N**

**CLOTH IS NOT COVERING GLASS  
PROPERLY AS SEEMS STRETCHED IN  
PLACES + SHRUNK IN OTHERS  
PIECE TO BE RECOVERED WITH  
ORIGINAL CLOTH THBT COLOUR.**

IF YES,  
ENTER RETURN CODE

WEEK'S  
PARTS

DAY TO NEXT

DATE RE-FTT

RE-FIT BY

DETAILS OF WORK

RECONTACT BY

DATE INT UTREG

REPAIR No

PATIENT COT REF

REPAIRED BY

CHECKED BY

PRODUCT TO BE RECOVERED BY

RETURN CODE

MATERIAL COST

TIME RESP

NAME

INT to COMP BY

