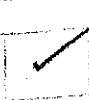


330257?

CR

REPAIR SHEET (Please tick one box)

Not Chargeable
Should order replacement



Chargeable Repair



CUSTOMER NAME **SCARFF**

ADDRESS **41, WOODSIDE AVE
CORBRIDGE
NE4 5SE**

07766790524

PRODUCT RETURNED TO FACTORY

DETAILS OF REPAIR TO BE WORKED
Number of Units to REPAIR

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

WRECK
PARTS

DETAILS OF WORK
DONE

PRODUCT TO BE RETURNED TO
CITY'S WORKSHOP

NAME

ORDER NO.

CUSTOMER

ORIG SALES PERSON: **ROR**

ORIGIN BY

DAY TO CALL

DATE CALLED

COLLECTED BY

REPAIR ON SITE Y/N

IF YES,
ENTER RETURN CODE

DAY TO REPAIR

DATE REPAIR

REPAIR BY

RECEIVED BY

DATE SENT TO REG.

REPAIR NO.

DATE SENT TO REG.

REPAIRED BY

CHECKED BY

RETURN CODE

MATERIAL COST

TIME SPENT

INT or COMP BY

