

REPAIR SHEET (Please fill out one box)

Not Charged
Bond order (circle one)

Chargable Repair

CUSTOMER NAME LEACH
ADDRESS 21 EMBLEHOP DRIVE
GOSPORTY
NE34RW
0191-2852599

ORDER NO. 317297
CITY
ORIG SALES PERSON RDR
ORIG HT BY
DAY TO CALL

PRODUCT RETURNED TO FACTORY

DATE CALLED
COLLECTED BY
REPAIR ON SITE Y/N
IF YES, ENTER SERIAL CODE

DETAILS OF REPAIR TO BE DONE:
(Number of Motors etc.)
CUT BLIND DOWN TO 1/2 S 134
1090 X 935.

DAY TO RE-FIT
DATE RE-FIT
RE-FIT BY

WREN'S NAME

RECONTACT BOM
DATE INT BY REG
REPAIR NO
DATE INT OUT REG
REPAIRED BY
CHECKED BY

DETAILS OF WORK
DONE

RETURN CODE
MATERIAL COST
TIME SPENT
ENT BY COMPANY

PRODUCT TO BE REPAIRING BY
CITY NUMBER

NAME