



REPAIR RETURN FORM

ALEMLUBE JOB NO.

DATE

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CUSTOMER

CONTACT
PERSON

TEL

FAX

PRODUCT

PRODUCT SUPPLIED ON INVOICE NO.

DATE OF INVOICE

CUSTOMER'S EXPLANATION
OF PROBLEM

OFFICE USE ONLY

CHARGEABLE REPAIR

☐

WARRANTY REPAIR

☐

CLAIMABLE ON SUPPLIER

☐

ORDER NO.

REPORT ON WHAT THE ACTUAL PROBLEM WAS

ACTION UNDERTAKEN TO RETURN PRODUCT TO WORKING CONDITION

REPAIR COMPLETED BY
