

CUSTOMER EQUIPMENT REPAIR/SERVICE REPORT		
ERSR NO.		DATE:
Organisation:		
Address:		
State:		Post Code:
Organisation Contact Name: Contact Number: Email:		
NATURE OF PROBLEM		
Nature of Problem:		
Supplier Notified: Yes / No <i>(Please circle)</i>		Date:
Make:	Model:	Serial No:
OFFICE USE ONLY		
Remarks:		
On-site repair: Yes / No <i>(Please circle)</i>		
Name :	Designation:	Phone/Fax:
Email:		
Signature:	Date:	Place:
Return Date:		