

# Customer Repair Request (CRR)

Tel No: 01784 439000  
Fax No: 01784 439044

|                 |  |                          |
|-----------------|--|--------------------------|
| <b>Job Ref:</b> |  | <b>(Matrix use only)</b> |
|-----------------|--|--------------------------|

|                      |  |                          |  |
|----------------------|--|--------------------------|--|
| <b>Contact Name:</b> |  | <b>Company / School:</b> |  |
|----------------------|--|--------------------------|--|

|                   |  |                |  |
|-------------------|--|----------------|--|
| <b>Address:</b>   |  | <b>Tel:</b>    |  |
|                   |  | <b>Fax:</b>    |  |
|                   |  | <b>Mobile:</b> |  |
|                   |  | <b>Email:</b>  |  |
| <b>Post Code:</b> |  |                |  |

## **Fault 1 - Details of faulty equipment**

|                              |  |               |  |                   |  |
|------------------------------|--|---------------|--|-------------------|--|
| <b>Make:</b>                 |  | <b>Model:</b> |  | <b>Serial No:</b> |  |
| <b>Room Name / Number:</b>   |  |               |  |                   |  |
| <b>Description of fault:</b> |  |               |  |                   |  |

## **Fault 2 - Details of faulty equipment**

|                              |  |               |  |                   |  |
|------------------------------|--|---------------|--|-------------------|--|
| <b>Make:</b>                 |  | <b>Model:</b> |  | <b>Serial No:</b> |  |
| <b>Room Name / Number:</b>   |  |               |  |                   |  |
| <b>Description of fault:</b> |  |               |  |                   |  |

Customer signature.....Print Name.....

**Please Fax this form to our FAXBACK number: 01784 439044.**

**Once this form has been received you will be sent a reference number to progress your repair.**

Head Office: Unit 9 - 11 Egham Business Village. Crabtree Road Egham Surrey TW20 8RB