



## CUSTOMER AFTER-SALES FORM

DATE REPORTED:	
CUSTOMER/BRANCH NAME:	
CONTACT NAME:	
CONTACT NUMBER:	

ORIGINAL ORDER DETAILS	
ORIGINAL ORDER DATE:	
UCS JOB No:	H/
CLIENT NAME:	
CLIENT ADDRESS:	
CLIENT POSTCODE:	
CLIENT CONTACT NUMBER (DAY):	
CLIENT CONTACT NUMBER (EVENING):	

REPORT DETAILS	
FRAME NUMBER/LOCATION:	DETAILS:

Internal Use Only:			
Date Received:		Call out by:	
Processed By:		Visit Req:	
After-Sales No:		Parts Req:	
Notes/Findings			
		At Fault:	

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