



BALERS

WORKS ORDER REQUEST FORM

Company Name: _____ Date: _____

<u>Site Address:</u> 	<u>Invoice Address:</u>
Tel: Fax:	Contact:

MODEL & SERIAL No: MUST BE COMPLETED

_____ WARRANTY (Tick Box) YES NO

<u>Suspected Fault</u> _____ _____ _____ _____ _____	<u>Parts required if known:</u> _____ _____ _____ _____ _____
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Warranty will only apply if fault occurred during warranty period (see warranty card). Misuse & operator error will be chargeable at our standard rate.

Frivolous call-outs, which relates to a suspected fault that results in "no fault found" will be charged at our standard rate. (i.e. oil leak claimed found only to be transit spillage).

I confirm that I accept & agree the above terms. Order No:

Authorised by: _____ Signature: _____

(Print Name)

Upon receipt of a completed works order our service department will contact you regarding a site visit.

FAX-BACK 01932 847170