



CUSTOMER SERVICE REPORT - REPLACEMENT PARTS REQUEST

WIEMANN's customer name: _____

WIEMANN's customer address: _____

WIEMANN's customer number:
(6 figures)

Delivery address if different from store address:

Street: _____

Town: _____

Post code: _____

Original WIEMANN Invoice no.:
(6 figures, same as Confirmation and POD no.)

Invoice Date:

Customer original order number & date: _____

Product description:

(please indicate article no., package number, colour and sizes if available)

Nature of complaint and action required:
(Include drawing if appropriate)

(please indicate article no., package number, colour and sizes if available)

Signed: _____

Date: _____

Print name: _____

Office use:

PLEASE FAX TO MARTINA McELEVAY ON 01405 752811

Date received by MM: _____

Sent to Wiemann: _____

Replacement Confirmation no: _____

Expected delivery: _____