Glasscorp LIMITED

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Service Booking Sheet

Date: _____

Purchase order number:* _____

Customer number:* _____

Customer name: _____

Site address: _____

Contact person _____

Contact phone number: _____

Contact email: _____

Lifter Type _____

Equipment serial number: _____

Is a Loan Lifter required?* ◯ YES ◯ NO

What area is the Lifter being used in? _____

IF FAULT CANNOT BE REPLICATED

Contact person: _____

Contact phone number: _____

Reason for Booking: _____

Fault inspection: _____
(1 fault per line)

_____

_____

_____

_____

_____

Images of Fault / Reason for Repair:
For mobile users: Attach images with this form when submitting,

CLICK TO SUBMIT FORM