

REQUEST FOR SERVICE / REPAIRS

<p>Please complete and return to Scotsman Ice Systems by fax or e-mail: 011 826 4123/086 634 0810/workshop@scotsmansa.co.za</p>	
<p>ALL REPAIRS ARE CARRIED OUT ON A C.O.D BASIS - A PRE DEPOSIT OF R960.00 incl. VAT MUST BE PAID INTO SCOTSMAN ICE SYSTEMS ACCOUNT PRIOR TO A TECHNICIAN GOING TO SITE.</p> <p style="color: blue;"><i>This covers traveling with in a 50 km radius of Jet Park as well as the first hour labour.</i></p> <p>If you agree that we may uplift your unit for a service in our workshop this call out fee will fall away and a collection and delivery fee will be charged instead.</p> <p style="color: red;">Travelling to outlying areas (Including Pretoria) will attract a further traveling cost of R5.00/km Excl. VAT. Any other charges will be quoted and an invoice will be issued on completion of the job. This invoice must be paid on site. All our work is covered under warranty.</p>	
<p>Please note this form does NOT allow for the work to be carried out under warranty. Any claim for WARRANTY must be reported as such and the correct forms will be sent for completion.</p>	
NAME OF OWNER OF THE MACHINE: e.g. Personal/Restaurant/Hotel/Store etc.	
NAME OF CONTACT PERSON ON SITE:	
NUMBER OF CONTACT PERSON ON SITE:	
E-MAIL ADDRESS FOR CORRESPONDANCE:	
NAME OF PERSON RESPONSIBLE FOR PAYMENT:	
ADDRESS OF WHERE THE MACHINE IS:	
MODEL NUMBER OF MACHINE:	
SERIAL NUMBER OF MACHINE:	
DATE OF INSTALLATION: (Year and Month)	
Fault report or description of symptoms:	
Acceptance of our terms and conditions of service, and agreement to pay call out fee prior to technicians arrival and agreement to pay invoice on presentation:	Name:
	Signature:

BANKING DETAILS:

First National Bank

Branch Code: **254-005**

Account Number: **6200 696 8369**

REFERANCE FOR PAYMENT MUST BE YOUR CONTACT NUMBER AS ABOVE