

Business Automation Ltd.

Customer Service Report

Date:.....

Pre-Information :

Company Name / Address / Phone		
Purpose / Subject	<input type="checkbox"/> New Installation <input type="checkbox"/> Re-Installation <input type="checkbox"/> Service	
Contact Person / Phone		
Nature of Complain		
Complained by		Date / Time :
Complain received by		Date / Time :
Place of Service		Date of Service:

Post Information :

[illegible]

Client's Signature & Seal

Service Engineer