

CUSTOMER SERVICE REPORT

CUSTOMER'S NAME : _____ M/C MODEL : _____

LOCATION/DEPART : _____ MACHINE NO : _____

CONTACT PERSON : _____ CALL LOG ID : _____

PROBLEM REPORTED: _____ _____ _____	CALL	REPORTED	ATTENDED	COMPLETED
	DATE			
	TIME			

ACTION TAKEN: _____

MACHINE SERVICING

SCANNER GLASS CLEANED : <input type="checkbox"/> Yes <input type="checkbox"/> No	CARTRIDGE AREA CLEANED : <input type="checkbox"/> Yes <input type="checkbox"/> No
ALL PICK-UP CHECKED : <input type="checkbox"/> Yes <input type="checkbox"/> No	FUSER UNIT CHECKED : <input type="checkbox"/> Yes <input type="checkbox"/> No
MACHINE CLEANED : <input type="checkbox"/> Yes <input type="checkbox"/> No	ANY PART REQUIRED : <input type="checkbox"/> Yes <input type="checkbox"/> No
WASTE TONER CLEANED : <input type="checkbox"/> Yes <input type="checkbox"/> No	PART'S NAME [IF YES] : _____

<p>ENGINEER'S NAME : _____</p> <p>ENGINEER'S SIGNATURE: _____</p>	<p><u>MACHINE WORKING SATISFACTORILY</u></p> <p>CUSTOMER'S NAME / STAMP : _____</p> <p>CUSTOMER'S SIGNATURE : _____</p> <p>CUSTOMER'S EMAIL ID : _____</p>
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REMARK(IF ANY): _____

We Provide Service & Laser Cartridge for Below Brands:-



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