

Name	_____
Addresss	_____ _____ _____
Phone Number	_____
Cell Number	_____
Email Address	_____ _____
Appliance	_____ _____
Make, Model or other distingusing features	_____ _____
Basic discription of Fault	_____ _____ _____ _____
Official Reciept	
Received By	_____ _____
Refrence Number	_____
Please note we have a minimum charge of US\$5.00 payable on collection of appliance Visit us at www.altenconsultants.com	

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