

82 Roman Way,
Industrial Estate,
Preston,
Lancashire,
PR2 5BE

FAULT REPORT

Your Details

Contact Name:	
Company Name:	
Date:	
Site Address:	
Telephone:	
Email:	

Equipment Details

Product/Machine: (applicable)	
Machine Make:	
Machine Model:	
Date of Purchase: (if known)	
Order Number: (if known)	
Serial Number: (applicable)	
Description of Fault:	
Photo Evidence:	Please send photo evidence as this will speed up the process of dealing with your claim.

Office Use

Action Taken:	
Date:	