## Home Technologies

## CUSTOMER SERVICE REPORT

Title	Name	Surname		A	greed Date of Installation	Report No.
Mr	HILTON	FISHER		2	8/04/2005	2097
Address					Suburb 1	
1 ZANDWIJK R	D WINGATE HEIG	HTS		F	ISH HOEK	
Mobile No.	Home Number	Work Number	Visit		Technician	
0836440602	7854711		NO		BEANS	
Pool Size	Suggested No. of Pa	nels Pump Distance	Pump Size	Type of Ro		
10X5		10 ?	1,1kW	Dbl Store	Dominic	
Please circle th	he appropriate ans	wer to validate your	warranty			
Did we arrive at	the scheduled time	? (YES	) NO			
More you greet	ed in a Professiona	manner? (YES)	) NO			
vvere you gree.	ed in a Professiona	Thainer!	, ,,,,			
Was the installa	ation up to Standard	? Attention to neatnes	s? (YES)	NO		
Distribution	and the second	installation 2	(YES)	NO		
Did the technici	ans tidy up after the	installation?	$\sim$			
Were you show	n & explained how	the system works?	(YES)	NO		
Was the system	n tested for 10 min	ites in your presence to	o check for water	leaks? (Y	ES) NO	
1 120- 120-				NO		
Was a water te	mperature reading	taken. If so what was t	•		.c	
What do you th	ink about the overa	Il installation? GOC	AVERAGE	BELOV	V AVERAGE	
Mould you see	ammand our compa	ny to your family & frie	nds2 (YES)	NO		
	The state of the s					
Type of payme	nt Cheque	CASH	Credit Card			
Amount PAID	R4090-in	deines tronge	•			
Clients Signatu	ire				MARIA	in the second se
	16 0. C	)			HiOTe	$m_D$
	Py.					AR

Any comments or recommendations?

In the event that this form cannot be filled out immediately, please fax back to 0856807764 when you have a moment. Thank-you!