

Grundfos / EuroPump Workshop Request Form

YOUR OFFICIAL HARD COPY ORDER MUST ACCOMPANY THIS REQUEST AND ALL SECTIONS MUST BE COMPLETED AS A REQUIREMENT FOR OUR HEALTH & SAFETY POLICY.
PLEASE RETURN THIS REQUEST FORM TO THE FOLLOWING FAX NO: 01942 602 830 OR EMAIL nprice@europump.co.uk

AGENT /		WORK TYPE <small>(Please Tick only one)</small>		DESCRIPTION OF WORK REQUIRED			
DISTRIBUTOR		<input type="checkbox"/>	Warranty Fault / Repair				
ADDRESS		<input type="checkbox"/>	Chargeable Fault / Repair				
		<input type="checkbox"/>					
		INFORMATION <small>(ONLY ONE ITEM PER LINE)</small>					
POSTCODE		QTY	DESCRIPTION / PRODUCT CODE	PUMP TYPE	Vessel QTY	Vessel Size	1 OR 3 Phase
CONTACT							
TELEPHONE NO:							
FAX NO:							
EMAIL:							
SITE NAME							
CONTRACTOR c/o							
ADDRESS							
TOWN							
COUNTY							
POSTCODE							
SITE CONTACT							
MOBILE NO:							
TELEPHONE NO:							
ORDER NO:Req							
EUROPUMP JOB NO:		CONFIRMED TO:					
DATE:		<small>NAME</small>					
ENGINEER:		DATE:					
PLANNER:				HOURLY RATE INFORMATION	Charged at the current day rate	ISSUE DATE:	Mar 06

48 Hrs notice must be given for any cancellation. Grundfos / Europump reserve the right to pass on any costs if less than 48 hrs is given. This will be charged at the current day rate.