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## For the attention of : Company Name : Fax Number :

**SECTION A – Your Details**

**TIME AND MATERIALS**

**ORDER FORM**

# Important Notice

**THIS FORM MUST BE COMPLETED IN FULL, AND RETURNED BY EMAIL. UNTIL WE HAVE RECIEVED THIS FULLY COMPLETED FORM YOUR CALL WILL NOT BE LOGGED**

Company Name : Name :

Full Address : Telephone no :

Post Code :

# SECTION B – Equipment Details

**Charges**

£150 call out

£95 per hour

Manufacturer : Model Name / No :

Serial No : Location (e.g. First floor) :

serial number on back of m/c

Description of Machine fault / problem (Attach additional sheet(s) / sample copies if appropriate)

# SECTION C – PAYMENT

No parts will be fitted without prior authorisation from yourselves. our engineer will be able to provide full details and prices on site.

Payment method (Circle)

# ACCOUNT CREDIT CARD CASH CHEQUE

ORDER NUMBER :

(if required, please attach official purchase order)

DATE :

Authorised By :

Print Name :

(SIGN)

(PRINT)

**Please email to pmolloy@sigmasdi.com**