



Chefs Pride - Service Department

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Tel: 012 653 3295

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CALL CARD

DATE _____

Call Logged by Details

Dealer Name _____

Contact Name _____

Contact Number _____

Email Address _____

Client Details

Client Name _____

Physical Address (Where the appliance is installed)

Contact Number _____

Email Address _____

Appliance Details

Appliance _____

Model Number _____

Warranty Claim Y / N

Proof of purchase provided Y / N

if proof provided, please attach

Date of Purchase _____

Photo of fault provided Y / N

if photos provided, please attach

Description of fault _____
