

RECEIVED
NOV 12 2019

LEX SERVICES
INCORPORATED
WARRANTY EXTENSION
APPROVAL FORM

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TE ASSIGNED: 10-20-19 FAX NO: 852-2170
TE CHECKED: 10-25-19 TEL. NO: 8851-2711 LOC. 309
TE TRANSMITTED: _____ CHECKED BY: _____
STOMER: LITO CONZALES TEL. NO: _____
STOMER ADDRESS: 205 VICTORIA VILLAGE MAGAWANES VILLAGE MAKATI CITY
NTRACT #: BG-710923 BRAND: KOLH
DUCT: WINDOW TYPE INVERTER MODEL: KRG-110RSINV
RIAL NUMBER: _____
STOMER COMPLAINT: Not Cooling /
IDINGS: ☐ Part/s Replace ☐ Adjustments ☐ Others (specify)
USE OF BREAKDOWN: ☒ Part/s Failure ☐ Misalignment ☐ Others (specify)

PREVIOUS COMPLAINTS

DATE	DESCRIPTION	PARTS REPLACED
10-25-19	NOT COOLING	DISPLAY BOARD

COST OF REPAIR (For new complaint)

RTS COST (specify and detail the cost per part)	TOTAL PARTS	P 715.00
Display Board /	LABOR COST	P 700.00
	OTHER COST/S	P
	TOTAL COST	P
	DISCOUNT	P
	NET COST	P 1,415.00 /

Schedule of Repair Completion (date):

I hereby declare that the above information are true and that the customer's unit is being used for household/personal purpose only.

Service Center Representative (sign over printed name): ANNA L. VERMA Date: 11/12/19

APPROVAL/DISAPPROVAL (to be filled up by Lex Services, Inc.)

CLAIM NUMBER: BG-1001/19
MAXIMUM LIMIT: 1415
APPROVED BY: [Signature] DISAPPROVED BY: _____
DATE: 11-12-19 DATE: _____
REMARKS: _____

IMPORTANT REMINDERS

FOR FAST APPROVAL. Please fax to 6288897 or email to morens@lexservices.ph / dpestanio@lexservices.ph
FOR FAST PAYMENT. Fax the invoice immediately. Submit required documents upon collection (original invoice, copies of customer acknowledgement and notice of claim).
NON-WARRANTABLE CLAIMS. Check-up fee should be paid by the customer unless the claim was endorsed by Lex Services, Inc.
FORM LEX -001/07. This supersedes all other issued Approval Forms. Issued September 1, 2007.
THANK YOU FOR YOUR FAST & DEPENDABLE SERVICE!

51-1001/19