

LEX SERVICES
INCORPORATED
WARRANTY EXTENSION
APPROVAL FORM

SERVICE CENTER
DATE ASSIGNED
DATE CHECKED
DATE TRANSMITTED
CUSTOMER
CUTOMER ADDRESS:
CONTRACT #
PRODUCT
SERIAL NUMBER

KOHN
10-30-19 FAX NO. 052-2170
10-25-19 TEL. NO. 8851-2711 loc. 309
CHECKED BY _____
LITO GONZALES TEL. NO. _____
105 VICTORIA VILLAGE MAGAWANES VILLAGE MAKATI CITY
BG- 710923 BRAND KOHN
WINDOW TYPE INVERTER MODEL KAG-110RSINV

CUSTOMER COMPLAINT

FINDINGS Part/s Replace Adjustments Others (specify)

CAUSE OF BREAKDOWN Part/s Failure Misalignment Others (specify)

PREVIOUS COMPLAINTS

DATE
10-25-19

DESCRIPTION
NOT COOLING

PARTS REPLACED
DISPLAY BOARD

COST OF REPAIR (For new complaint)

| | | |
|---|-------------|----------|
| PARTS COST (specify and detail the cost per part) | TOTAL PARTS | P 715.00 |
| | | P 700.00 |
| | | P |
| | | P |
| | | P |
| | | P |
| | | P |
| | | P |

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.

John L. Verna

11/12/19

Service Center Representative(sign over printed name)

Date

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

| | | |
|--------------|---------------|----------------|
| CLAIM NUMBER | MAXIMUM LIMIT | DISAPPROVED BY |
| | | |
| APPROVED BY | | |
| DATE | | DATE |
| REMARKS | | |

IMPORTANT REMINDERS

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

THANK YOU FOR YOUR FAST & DEPENDABLE SERVICE!