

Parts Department Enquiry Form



Date: _____ WIP No: _____

Taken by: _____ Time: _____

Good Morning/Afternoon, Parts Department (YOUR NAME) speaking, how can I help you?

Customer Name:	<input type="text"/>	Make:	<input type="text"/>
Address:	<input type="text"/>	Model:	<input type="text"/>
Postcode:	<input type="text"/>	Registration:	<input type="text"/>
Tel:	<input type="text"/>	Year:	<input type="text"/>
E-mail:	<input type="text"/>		
Acc No:	<input type="text"/>	Colour Code:	<input type="text"/>
		Chassis No:	<input type="text"/>
		Engine No:	<input type="text"/>

Part Number	Description	No off	Bin Location	In Stock	
				Yes	No
Total Required:					<input type="text"/>

Remember Related Part Sales

Part Number	Description	No off	Bin Location	In Stock	
				Yes	No
Total Required:					<input type="text"/>

Call Reason	Order	Price	Technical/Other		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Business Type	Incoming	Parts Counter	Workshop	Trade	Retail
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Price Fitted	Labour	Business Converted		Yes: <input type="text"/>	No: <input type="text"/>
<input type="text"/>	<input type="text"/>				

Comments	If NO, Reason:
	Out of Stock: <input type="text"/>
	Back Order: <input type="text"/>

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V.O.R.

Handled By: