Manitowoc Ice(Pty)Ltd
Company Registration Number : 2016/015646/07
Vat Registration Number : 4320274774
Import Export Code : CU21825953

Head Office : Unit 54 , Northlands Retail Park
210 Epsom Avenue
Northriding ,Johannesburg
2163

Request for Service / Repairs

Please Complete & Return to Manitowoc Ice(Pty)Ltd by email to workshop@manitowocice.co.za / 010 443 7162

- A standard call-out fee of R1,550.00 (VAT inclusive) is applicable for attendance to any unit on site, or for units collected and transported to our workshop for assessment and serviced, within a 100 km radius of our premises.
- For locations beyond a 100 km radius, an additional travel fee of R6.00 per kilometre will apply.
- A service assessment fee of R1775.50 (VAT inclusive) is payable for all units delivered to our workshop by courier, client, dealer, agent, distributor, or freelancer, prior to any work being commenced.
- For all account customers, an official purchase order is required before any work can proceed.
- Should Manitowoc Ice (Pty) Ltd determine that a unit is uneconomical to repair, the client, dealer, agent, distributor, or freelancer will have 21 working days from the date of quotation to arrange collection or return of the unit. Failing this, the unit will be deemed abandoned and may be scrapped.
- Any spare parts fitted or supplied on site are payable cash on delivery (C.O.D.).
- Our Technicians carries card machines for your convenience.

Bank Details : First National Bank | Account No. : 62834004830 | Branch code: 250655
Reference to use : Your contact number
Email proof of payment to workshop@manitowocice.co.za

Name of Person Reporting the Fault	
Email Address	
Invoice details /Private /Company	
Type of establishment i.e Restaurant / Bar / Hotel / Store / Private house	
Address where machine is in operation	
Model Number of Ice Machine	
Serial Number of Ice Machine	
Date of installation	
Details of the Person Responsible for Payment, and Acceptance of the Terms and Conditions, Including Service Call, Labour, and Travel Fees	**Name :** _____ **Signature:** _____ **Date:** _____

Managing Director : J Ward

Regional Director : J K Balt