

RE-FITTING / RE-SHIFTING REQUEST

DATE: _____

**TO,
PAN OFFICE SYSTEMS PVT. LTD.
NO. 5, 1ST A CROSS, BISMILLA NAGAR,
BANNERGHATTA ROAD, BANGLORE – 29
BANGALORE, INDIA
FAX: 080-26685577 E-MAIL: pan@vsnl.com**

DEAR SIR/MADAM,

**WE HAVE AGREED TO GET THE RE-FITTING / RE-SHIFTING OF THE
TABLE/FURNITURE DONE AT OUR RISK AND AT OUR COST.**

**WE SHALL NOT HOLD PAN OFFICE SYSTEMS PVT. LTD. OR ITS
EMPLOYEES RESPONSIBLE FOR ANY DAMAGE CAUSED TO THE
FURNITURE OR THE PARTS THEREOF IN ANY MANNER DURING THE
COURSE OF RE-FITTING/RE-SHIFTING OF THE FURNITURE.**

**WE AGREE TO PAY THE CHARGES THAT SHALL OCCUR IN THE RE-
SHIFTING / RE-FIXING.**

**CHARGES ARE RS.1000 PER TABLE / PER ITEM FOR REFITTING ONLY.
THE ACTUAL TRANSPORTATION OF THE ITEM FROM ONE LOCATION
TO ANOTHER WILL BE DONE BY THE BUYER ONLY.**

**THANKING YOU,
Yours truly,**

**CUSTOMER NAME:
ADDRESS:**

INVOICE NUMBER:

**SIGNATURE:
NAME OF PERSON WHO HAS SIGNED:**