



**NO JOB NUMBER, SIGNATURE OR TIMES  
YOUR INVOICE WILL BE RETURNED**

**To :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel:

Fax: \_\_\_\_\_

Contact:

\_\_\_\_\_

**This Info Must Be Completed**

1<sup>st</sup>. Attendance Date: \_\_\_\_\_

Approx time of arrival \_\_\_\_\_

Approx time of Departure \_\_\_\_\_

2<sup>nd</sup>. Attendance Date: \_\_\_\_\_

Approx time of arrival \_\_\_\_\_

Approx time of Departure \_\_\_\_\_

Job Completed Date: \_\_\_\_\_

**LOCKSMITH: TO SIGN OFF WORKS YOU MUST **CALL OFFICE** ABOVE WHEN  
WORK IS COMPLETED **BEFORE** LEAVING SITE**

**REMIT WITH INVOICE TO 1<sup>ST</sup>. LOCKSMITHS SERVICES LTD.**

**Please send us a copy of your Public Liability Insurance Certificate for Future Work**

Parts Used	Brief description of works to be carried out

**Client:** 1<sup>st</sup>. Visit Signed.....Print Name.....Date.....

2<sup>nd</sup>. Visit Signed.....Print Name.....Date.....

*Please sign as confirming job completion to your satisfaction  
(Works completion will not be recognised without authorised Signature)*

**Office use only**

**Bank Account Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Sort Code:**

**Our Ref.**

Credit Terms Net Monthly 30 Days after the Month Following  
Payable by BACS

Registered Office:

**1ST LOCKSMITHS SERVICES LIMITED**

LEIGHTON & CO 40 ALEXANDRA ROAD WISBECH CAMBRIDGESHIRE PE13 1HQ

**Michelle Collins (MD) Company No. 05053260 DF Collins (Co Sec)**

Parts to be List Less 12%

Digi Locks to be Zone  
or Equivalent

Manager to Sign & Approve

Reason for

Like for Like Digi Locks