



**WARRANTY FORM**

DATE:

\_\_\_\_\_

PAGE:

\_\_\_\_\_

CHARGER MODEL:

\_\_\_\_\_

SERIAL NUMBER:

\_\_\_\_\_

PURCHASE DATE:

\_\_\_\_\_

WARRANTY PROOVEN BY RECEIPT:

YES

NO

CUSTOMER NAME:

\_\_\_\_\_

TEL. NO:

EMAIL:

\_\_\_\_\_

NAME OF RETAILER CONTACT:

TEL. NO:

\_\_\_\_\_

RETURN ADDRESS:

ZIP CODE:

CITY:

COUNTRY:

\_\_\_\_\_

BATTERY TYPE:

GEL

AGM

OPEN

UNKNOWN

BATTERY MANUFACTURERS:

MODEL:

\_\_\_\_\_

SIZE Ah:

EXPERIENCED FAULT:

\_\_\_\_\_

AREA OF USE:

\_\_\_\_\_

WHEN WAS THE FAULT DISCOVERED?

\_\_\_\_\_

HOW OFTEN HAS THE CHARGER BEEN USED?

\_\_\_\_\_