

## Request for device repair

**To:** AEI Power GmbH      Service Department  
 Uracher Str. 91      Phone: +49 7123 969-202  
 72555 Metzingen      Fax: +49 7123 969-30202  
 Germany      Email: service.aei-power@aei.com

**Please fill out this form completely. Your information is essential for our root cause analysis.**

### Contact Data:

	Your details:	Delivery address:
Name/Company:	<input type="text"/>	<input type="text"/>
Street:	<input type="text"/>	<input type="text"/>
ZIP, City:	<input type="text"/>	<input type="text"/>
Phone:	<input type="text"/>	<input type="text"/>
Mobil:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
VAT:	<input type="text"/>	<input type="text"/>
Commission:	<input type="text"/>	<input type="text"/>

### Inverter Data:

Inverter type:

Inverter serial number:

Firmware (e.g. RFP-80xR-xxx-xx-x-S):

Remote system:  AE SiteLink (REFUlog)     Others:

Access data remote system:

### Failure:

Display indication (if available):       Display without function:

LED indication:

READY (green):  on     flashing     off      ON (orange):  on     flashing     off

ALARM (red):  on     flashing     off      EARTH FLT (red):  on     flashing     off

Description of failure:

Error occurs:  permanently     temporarily

Inverter location:  inside     outside

### Specific Settings:

No specific settings       unknown

ENS parameter changes     

Other parameter changes

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### Costs:

Flat Rate	Type AE 3TL 8 ... 13 without material	650 € nets
Flat Rate	Type AE 3TL 8 ... 13 with material	900 € nets
Flat Rate	Type AE 3TL 15 ... 23 without material	650 € nets
Flat Rate	Type AE 3TL 15 ... 23 with material	980 € nets
Flat Rate	Type AE 3TL 40 ... 46 without material	950 € nets
Flat Rate	Type AE 3TL 40 ... 46 with material	1600 € nets
Scrapping	all types	450 € nets
Appraisal	all types	650 € nets

PMU repairs are charged on time and material.

### Important:

Please send back both pages of the „Request for device repair.“

With your signature you confirm your agreement on the diagnosis and/or repair of the devices to above mentioned prices.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature, Stamp