COMPLAINT

DATE:

PAGE:

CHARGER MODEL:

SERIAL NUMBER:

PURCHASE DATE:

WARRANTY PROOVED BY RECEIPT: YES ☐ NO ☐

CUSTOMER NAME: TEL.NO:

NAME OF RETAILER CONTACT: TEL.NO:

RETURN ADDRESS:

RETAILER – FROM WHICH DISTRIBUTOR IS THE PRODUCT PURSCHASED?

BATTERY TYPE: GEL ☐ AGM ☐ OPEN ☐ UNKNOWN ☐

BATTERY FABRICATE: MODEL:

SIZE AH:

EXPERIENCED FAULT:

AREA OF USE:

WHEN WAS THE FAULT DISCOVERED?

HOW OFTEN HAS THE CHARGER BEEN USED?

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DOC.NO: 20014236B