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## Auto X Industrial Warranty Claim / Repair Application Form

**Warranty claim?**       **Quotation for repair?**       **Date:**   
 Temporary exchange unit required?  Please contact your dealer in advance for price and availability and to arrange payment prior to collection.

**Customer Information**

Name: \_\_\_\_\_  
 Contact Number(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Purchasing Information**

Date of Purchase:       Invoice number:   
 Dealer: \_\_\_\_\_      Warranty registered on Auto X web site?   
 (PLEASE ATTACH COPY OF INVOICE: **No invoice - no warranty**)

**Equipment Information**

Make: \_\_\_\_\_      Model: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_      Physical condition: \_\_\_\_\_  
 Failure description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Suspected cause: \_\_\_\_\_  
 \_\_\_\_\_

**System Information**

Solar Module Array:	Size Wp: <input type="text"/>	Solar Module Type: <input type="text"/>	
	Modules in Series: <input type="text"/>	Strings in Parralel: <input type="text"/>	
Batteries:	Type: <input type="text"/>	System Voltage: <input type="text"/>	
	Individual Battery capacity Ah: <input type="text"/>	No. of batteries: <input type="text"/>	
Inverter details:	3 Phase/Parallel installation? <input type="checkbox"/>		
	Number of inverters? <input type="text"/>	Installation CoC no.: <input type="text"/>	
Surge protection installed:	Inverter AC input Y/N: <input type="text"/>	Inverter AC output Y/N: <input type="text"/>	
	Inverter PV input Y/N: <input type="text"/>		
Loads:	Domestic/commercial loads only? Y/N* <input type="text"/>	Total load: <input type="text"/> Watt	
	Swimming pool/borehole pump(s)? <input type="text"/>	Capacity: <input type="text"/> Watt	
	Workshop equipment: Grinders, saws, etc? <input type="text"/>	Welder? <input type="text"/>	
	*Other (please describe): _____		

**Office use only**

Cust. Acc. Number: \_\_\_\_\_      Condition of product: \_\_\_\_\_  
 GR Number: \_\_\_\_\_      Warranty Claim:  YES     NO  
 GR Date: \_\_\_\_\_      Reason: \_\_\_\_\_  
 Product Receive Date @test lab: \_\_\_\_\_      Resolution date: \_\_\_\_\_  
 Product collected by customer or scrapped? \_\_\_\_\_      Date: \_\_\_\_\_

Sales Contact: \_\_\_\_\_  
 Claims Contact: \_\_\_\_\_

