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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 address: \_\_\_\_\_

Date of purchase:  Invoice number:

Dealer's name: \_\_\_\_\_ Warranty registered on Auto X web site?

Declaration: I have read and accepted the AutoX/Rentech Warranty Terms and Conditions for the product.

Signed:  Date:

**(PLEASE ATTACH COPY OF INVOICE: No invoice - no warranty)**

### Equipment Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial number: \_\_\_\_\_ Physical condition: \_\_\_\_\_

Failure description: \_\_\_\_\_

\_\_\_\_\_

Suspected cause: \_\_\_\_\_

\_\_\_\_\_

### System Information

*To assist us with fault finding, please provide the information below as accurately as possible:*

Installation address: \_\_\_\_\_

(If different from above) \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_

Installer's Name \_\_\_\_\_ Tel. No: \_\_\_\_\_

Electrical CoC Certificate number: \_\_\_\_\_ Date issued: \_\_\_\_\_

*Please attach copy of CoC* \_\_\_\_\_

Solar Module Array: Size Wp:  Solar Module Type:

Modules in series:  Strings in Parallel:

DC surge protection installed:  Earth rod installed?

Batteries: Make and Type:  System Voltage:

Individual Battery capacity Ah:  No. of batteries:

Date purchased:  Date installed:

Battery fuse/breaker installed:  Size (Amp)?

Where are the batteries installed? Inside house, garage, store room etc.? In battery cabinet or racks or on the floor? \_\_\_\_\_

\_\_\_\_\_

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Inverter Make & Model:				3 Phase?	
	Number of inverters?		Parallel installation?		
Surge protection:	On Inverter AC input Y/N:		On Inverter AC output Y/N:		
Loads:	Domestic/commercial loads only? Y/N*		Total load:		Watt
	Swimming pool/borehole pump(s)?		Capacity:		Watt
	Workshop equipment: Grinders, saws, etc?		Welder?		
	*Other (please describe): _____				
Inverter settings:	Output source priority:				
	Battery charging source priority:				
	Battery type:		Battery equalization: On/Disabled?		
	Bulk charge voltage:		Float Charge voltage:		
	Low DC cut-off voltage:		Max charge current PV +Utility:		
	Voltage point back to Utility when in Battery discharge mode.				
Voltage point back to Battery when on Utility charge.					
Any other notes:	_____ _____ _____				

<b>Office use only</b>					
Cust. Acc. Number:	_____		Condition of product:	_____	
GRA Number:	_____		Warranty Claim:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
GRA Date:	_____		Reason:	_____	
Product receive date @test lab:	_____		Resolution date:	_____	
Product collected by customer or scrapped?	_____		Date:	_____	
Sales Contact:	_____				
Claims Contact:	_____				