

**Auto X Industrial Warranty Claim / Repair / Technical Assistance Application Form****Customer Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact number(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Invoice number: \_\_\_\_\_  
Dealers Name: \_\_\_\_\_ Warranty registered on AutoX website? \_\_\_\_\_  
Declaration: I have read and accepted the Auto-X/Rentech Warranty terms and Conditions of the product.  
*Please note all product warranty terms and conditions are available on our website: <https://rentech.co.za/warranty-terms-and-conditions/>*  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**(PLEASE ATTACHH COPY OF INVOICE. NO INVOICE - NO WARRANTY)**

**Equipment Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Serial Number: \_\_\_\_\_ Physical Condition: \_\_\_\_\_  
Failure Description / Technical Assistance: \_\_\_\_\_  
\_\_\_\_\_  
Suspected Cause: \_\_\_\_\_

**System Information**

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

Installation address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
Installers Name: \_\_\_\_\_  
Electrical CoC Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
**Please attach copy of the Coc**  
Solar Module Array: Size Wp: \_\_\_\_\_ Solar Module Type: \_\_\_\_\_  
Modules in series: \_\_\_\_\_ Strongs 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: \_\_\_\_\_  
Where are the batteries installed on the premise?



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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? \_\_\_\_\_ Total load: \_\_\_\_\_

Swimming pool/borehole pump(s)? \_\_\_\_\_ Capacity: \_\_\_\_\_

Workshop equipment? \_\_\_\_\_ Welder? \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Inverter setting: 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Office use only

Cust. Acc. Number \_\_\_\_\_ Product condition: \_\_\_\_\_

GRA Number \_\_\_\_\_ Warranty claim: \_\_\_\_\_

GRA Date \_\_\_\_\_ Reason: \_\_\_\_\_

Product received date @ local warehouse \_\_\_\_\_

Product received date @ test bay \_\_\_\_\_

Resolution date: \_\_\_\_\_

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

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