



**CUSTOMER SERVICE FORM**

DATE: \_\_\_\_\_

PAGE: \_\_\_\_\_

CHARGER MODEL: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

PURCHASE DATE (mm/dd/yyyy): \_\_\_\_\_

WARRANTY PROVED BY RECEIPT: YES NO

CUSTOMER NAME: \_\_\_\_\_

CUSTOMER TEL NUMBER: \_\_\_\_\_

NAME OF RETAILER CONTACT: \_\_\_\_\_

CUSTOMER EMAIL: \_\_\_\_\_

RETURN ADDRESS: \_\_\_\_\_

RETAILER – FROM WHICH  
DISTRIBUTOR IS THE PRODUCT  
PURCHASED?

BATTERY TYPE: \_\_\_\_\_

RETAILER TEL NUMBER: \_\_\_\_\_

SIZE AH: \_\_\_\_\_

EXPERIENCED FAULT: \_\_\_\_\_

AREA OF USE: \_\_\_\_\_

WHEN WAS THE FAULT  
DISCOVERED?

HOW OFTEN HAS THE CHARGER  
BEEN USED?

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