**Customer Warranty Claim From**

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| **CUSTOMER DETAILS** |
| **System Installation Date** |  | **Contract No.** |  |
| **Customer Name** |  |
| **Installation Address** |  |
| **Postal Address** |  |
| **Contact No** |  |
| **Mobile No** |  |
| **Email Address** |  |

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| **SYSTEM DETAILS** |
| **Solar system size** |  |
| **Solar Inverter size** |  |

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| **FAULT DETAILS** |
| **Status message on the inverter screen** |  |
| **Fault is (please circle the option)** | **Permanent / Sporadic** |
| **Fault description** |  |
| **Please enclose more details**  |  |

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| --- |
| **SIGNATURE** |
| **CUSTOMER PRINT NAME** |  |
| **SIGNATURE** |  |
| **DATE** |  |

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| **How to submit** |
| Please return this form with customer signature to below address:***Unit7 / 640 Geelong Road, Brooklyn VIC 3109***Or scan the copy and email to : ***support@supasolar.com.au*** |