

SERVICE FORM

PLEASE FILL IN COMPLETELY.

RCT Power customer number: _____

Service partner

Company: _____

Street: _____

Postcode / city: _____

Contact / person: _____

Phone number: _____

Email: _____

Delivery of exchange unit to this address:

Installation location / operator

Name: _____

Street: _____

Postcode / city: _____

Contact / person: _____

Phone number: _____

Email: _____

Delivery of exchange unit to this address:

Device information

Type designation: _____

Date of purchase: _____

Serial number: _____

Invoice number: _____

Important: Please enclose a copy of the invoice when purchasing from a third party.

Internal service information

Filled in by RCT Power.

RMA number: _____

Information: _____

Description

Please enclose detailed information on the entire system (modules, wiring, battery, etc.).

Declaration of consent

If there is no warranty claim, I will receive a cost estimate.
I have read and agree to the warranty conditions of RCT Power GmbH.
I have read and agree to the privacy policy of RCT Power GmbH.

Date, Location

Signature



PLEASE SEND TO:

service@rct-power.com

INFORMATION AND SERVICE

RCT Power GmbH
Line-Eid-Str. 1
D-78467 Konstanz

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www.rct-power.com