



REQUEST FOR SERVICE REPAIR

REF: QCALL-01

Date of Request _____ Date Recorded at Silicon _____ Silicon Rep: _____
Please complete and return by Facsimile to (011) 474-3407, Attn The Production Manager

Name of Customer:	Billing Address:
Customer V.A.T Number:	
Contact Person at site:	Contact Cell Number:

Site Address: _____

Charger Description: Charger Manufacturer: _____

Input Voltage: 110VAC 230 VAC 380VAC 3-Phase 525V 3-Phase (Please circle)

Output Voltage: 24 VDC 30VDC 48 VDC 60VDC 110VDC 220VDC (Please circle)

Rated Current Output: 5A 10A 15A 20A 30A 40A 50A Other: _____ Amp (Please circle)

BATTERIES:

Name Of Manufacturer Of Batteries connected to charger: _____ **Battery Model N^o:** _____
Battery Amp Hour Rating: _____ **Ah @** _____ **°C**

Type of Batteries: Vented Lead Acid 'Sealed' Lead Acid Vented NiCad 'Sealed' NiCad Plante Other

<u>Details from Charger Rating Plate:</u>		
Serial Number: _____	Model Number : _____	Date of Manufacture: (MM/YYYY) _____

Warranty Claim?: YES No (Please Tick)

If Yes, Original Silicon Engineering Invoice Number: _____ Date of this Invoice: _____

If No, Customer's **Order Number is :** _____ **Dated:** _____ **(Please attach)**

Description of fault:

WE DO HEREBY ACKNOWLEDGE THE TERMS AND CONDITIONS OF SALE SE-GCS-2002-1 WHICH ARE AVAILABLE ON REQUEST

Name of Person responsible for payment of this order: _____ (please print)

Signed: _____ **Dated:** _____

For an email copy of this form in .DOC format, please send a request to sales@silicon-online.co.za

