

LiFe SERIES

Warranty Registration

Customer Information

Name: _____

Address of Installation: _____

Phone: _____

Email: _____

Product Model: _____

Quantity: _____ Date of Installation: _____ Date of Commissioning: _____

Serial Numbers:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

10. _____ 11. _____ 12. _____

13. _____ 14. _____ 15. _____

16. _____ 17. _____ 18. _____

For orders that exceed 18 batteries please provide serial numbers on a separate page.

Date of Purchase: _____

First time Purchase, Replacement or Additional? _____

Where did you purchase this product? _____

Licensed Installer Contact Information

Company Name: _____

Contact: _____

Address: _____

Phone: _____

Email: _____



Powerplus Energy Pty Ltd
Unit 4, 21 Power RoadA
Bayswater, Vic 3152

Place
Stamp
Here

Sender:

