

SYSTEM APPLICATION:

- Floor Scrubber
- Aerial Work Platform
- Material Handling
- Electric Vehicle / Golf Cart
- Renewable Energy / Energy Storage

Warranty Form

Date:

Customer Name			
Customer Address			
Phone Number		Email	
Distributor/Dealer		Date of Purchase	MM/DD/YY
Company Address			
Phone Number		Email	

Battery Model		Installation Date	MM/DD/YY
System Voltage		Original Runtime	HH:MM
Any additions/ adjustments since battery install date		Current Runtime	HH:MM
		Did the batteries originally come with the equipment?	YES/NO

EQUIPMENT/APPLICATION INFORMATION:	
Make	
Model	
Equipment Serial Number	
# of Batteries Installed in Parallel	

CHARGER INFORMATION:			
Make			
Model			
Output	Volts		Amps
Charge Profile Setting			

AMBIENT TEMPERATURE (°C or °F): _____

Battery No.	Serial Number ⁽¹⁾	Can battery be turned on? ⁽²⁾	Terminal Voltage - Battery On	Terminal Voltage / Battery Off	
1		YES/NO			
2		YES/NO			
3		YES/NO			
4		YES/NO			
5		YES/NO			
6		YES/NO			
7		YES/NO			
8		YES/NO			
Failure Mode	Battery Won't Turn On <input type="checkbox"/>	Battery Won't Turn Off <input type="checkbox"/>	Low Terminal Voltage <input type="checkbox"/>	Won't Discharge <input type="checkbox"/>	Won't Charge <input type="checkbox"/>
	Other: _____				

(1) DEz##VVxxxxxxxx. Example: 15-24-1000 Serial No. DET1524162300001

(2)



Details to your system information and user profile is mandatory to properly troubleshoot and ensure appropriate system set up. For assistance in completing non-battery related sections, please contact your system install/service technician and/or equipment manufacturer.