CUSTOMER SERVICE FORM

DATE:

PAGE:

CHARGER MODEL:	CTEK MUS 4.3
SERIAL NUMBER:	
PURCHASE DATE (mm/dd/yyyy):	
WARRANTY PROOVED BY RECEIPT:	YES ◉ NO ○
CUSTOMER NAME:	
CUSTOMER TEL NUMBER:	
NAME OF RETAILER CONTACT:	
CUSTOMER EMAIL:	
RETURN ADDRESS:	
RETAILER – FROM WHICH DISTRIBUTOR IS THE PRODUCT PURCHASED?	
BATTERY TYPE:	
RETAILER TEL NUMBER:	
SIZE AH:	
EXPERIENCED FAULT:	
AREA OF USE:	
WHEN WAS THE FAULT DISCOVERED?	
HOW OFTEN HAS THE CHARGER BEEN USED?	

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