**MODULE CLAIM FORM**

Date of Claim (M/D/Y):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Contact information** |
| **Distributor Name** |   |
| Street / City |   |
| Postcode |   |
| Contact Person |   |
| Telephone |   |
| Email-address |   |

|  |  |
| --- | --- |
| **Installer Name** |   |
| Street / City |   |
| Postcode |   |
| Contact Person |   |
| Telephone |   |
| Email-address |   |

|  |  |
| --- | --- |
| **Consumer Name** |   |
| Street / City |   |
| Postcode |   |
| Contact Person |   |
| Telephone |   |
| Email-address |   |

|  |
| --- |
| **Product information** |
| **Order Time** |   |
| **Module manufacturer** |  |
| Module Type |   |
| Order Quantity |   |
| Shipment Date (M/D/Y) |   |
| Installation Date (M/D/Y) |   |
| Defect Goods Quantity |   |

|  |
| --- |
| **Details Information about Defect Goods** |
| (please describe here…) |

|  |
| --- |
| **Goods Barcode** |
| 1 |  | 21 |  |
| 2 |  | 22 |  |
| 3 |  | 23 |  |
| 4 |  | 24 |  |
| 5 |  | 25 |  |
| 6 |  | 26 |  |
| 7 |  | 27 |  |
| 8 |  | 28 |  |
| 9 |  | 29 |  |
| 10 |  | 30 |  |
| 11 |  | 31 |  |
| 12 |  | 32 |  |
| 13 |  | 33 |  |
| 14 |  | 34 |  |
| 15 |  | 35 |  |
| 16 |  | 36 |  |
| 17 |  | 37 |  |
| 18 |  | 38 |  |
| 19 |  | 39 |  |
| 20 |  | 40 |  |

We apologize for the trouble caused to you and assure to you that we will give you a satisfactory answer.

Thank you!