LUXOR
the sunshine people

SERVICE CASE
SOLAR MODULE

Your concern is important for us! To ensure a quick processing please complete the questionaire and forward it to aftersales@luxor-solar.com

CONTACT PERSON

Who is requesting for service: ☐ system owner ☐ installer ☐ distributor

Company: _____ Contact name: _____

Phone: _____ Fax: _____

E-mail: _____ Your internal reference no.: _____

DETAILS ABOUT THE PV SYSTEM

Owner of the system: _____

Adress of the system location: _____

Total system capacity (kWp): _____

DETAILS OF THE CLAIM

Module type: _____

Article number: _____

Number of affected modules: _____

Serial number of the affected modules: _____ _____

_____ _____

_____ _____

_____ _____

Exact defect description:

_____

NECESSARY DETAILS AND DOCUMENTS

Date of invoice: _____

Please include the following documents:

+ Invoice in copy
+ Warranty conditions in copy
+ Pictures of the affected modules

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INTERNAL MEMOS

(to be completed by Luxor Solar)

Internal process no.: _____

Date of receipt: _____