

ODYSSEY WARRANTY CLAIM FORM



46 Egerton Street
Silverwater NSW 2128

Phone: 61 2 9739 9999
Fax: 61 2 9739 9900

For Office Use Only
Warranty No. _____
Invoice No. _____

1. DISTRIBUTOR DETAILS	
DISTRIBUTOR NAME	
ADDRESS	

2. BATTERY DETAILS	
PART NUMBER REQUIRED	
SERIAL NUMBER REQUIRED (Attach or write bar code number)	
CUSTOMER NAME	
LABEL NO: ON TOP OF BATTERY i.e. 0706-2041-1004	
ORIGINAL DATE OF SALE	
PROOF OF PURCHASE VERIFIED (RECEIPT)	YES / NO
PLACE OF PURCHASE	

3. DESCRIPTION OF FAULT	APPLICATION USED, RESULTS IF DRILLED ETC

3. TESTING INFORMATION	<i>(Full details of the testing data MUST be listed in the space provided)</i>		
Method Of Testing Used: (tick box)	Load Test <input type="checkbox"/>	Battery Tester <input type="checkbox"/>	Multimeter <input type="checkbox"/>
OVC Prior To Charging _____ V	OCV After Charging _____ V		
Test Results:			

ENERSYS APPROVAL	OFFICE USE ONLY			
Name (Approved Person)				
Date				
Signature				
Delivery (tick box)	Immediate	<input type="checkbox"/>	Next Order	<input type="checkbox"/>
Warehouse Testing	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Notes:				