BATTERY SYSTEMS

Product Claim Form

Date: _____

GES Order#: _____

Customer Order #: _____

Date Product Received: _____

Customer Name: _____

Address: _____

_____

_____

Telephone: _____

Type (s) BCI Group	Quantity	Terminal Code (all digits)	Description of the problem

Comments:

_____

_____

_____

_____

_____