Acceptance protocol

After completed installation as well as commissioning, please fill out the following form so that we can guarantee you the full warranty according to our warranty conditions. For questions or consultations please contact: info@innov.energy

number – ple	ease be sure to indicate (see order or invoice)	Your company
tation	Your first name	Your last name
′our eMail		Telephone direct or mobile
Please indicate your relationship to this acceptance.		What type of acceptance is involved?
 Your company is a sales partner of innovenergy[®] You are the executing installer within the above-mentioned company 		 salipro° salimax°
	nally on behalf of one of our	
Information o	n acceptance	
ease answer all the fo		
	llowing questions truthfully. By signing this form, you cor	nfirm that the information you have provided is correct.
	llowing questions truthfully. By signing this form, you cor peration and does everything function	nfirm that the information you have provided is correct. In the case of an emergency power system: Has the emergency power test been carried out?
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