

Commercial guarantee extension order

Fax no. +49 (0)8331/8558 -132

- Yes, I would like to extend the standard commercial guarantee to **10 years** at the following prices plus VAT.

I attach a copy of the payment receipt. The period of validity for the operator of the system corresponds to the date of purchase of the device.

StecaGrid 1500 / 1800 / 2000 / 2300 / 2500 / 3000 / 3010 / 3600 / 4200	€ 150,-
StecaGrid 1500x / 1800x / 2000x / 2300x / 2500x / 3010x / 3600x / 4200x	€ 170,-
StecaGrid 3203 / 4003 / 4803 / 5003 / 5503 / 6003	€ 200,-
StecaGrid 3203x / 4003x / 4803x / 5503x	€ 240,-
StecaGrid 8000(+) 3ph / 10000(+) 3ph	€ 300,-

- Yes, I would like to extend the standard commercial guarantee to **20 years** at the following prices plus VAT.

I attach a copy of the payment receipt. The period of validity for the operator of the system corresponds to the date of purchase of the device.

StecaGrid 1500 / 1800 / 2000 / 2300 / 2500 / 3000 / 3010 / 3600 / 4200	€ 700,-
StecaGrid 1500x / 1800x / 2000x / 2300x / 2500x / 3010x / 3600x / 4200x	€ 800,-
StecaGrid 3203 / 4003 / 4803 / 5003 / 5503 / 6003	€ 920,-
StecaGrid 3203x / 4003x / 4803x / 5503x	€ 1100,-
StecaGrid 8000(+) 3ph / 10000(+) 3ph	€ 1600,-

1. Operator (contract partner)

Company _____

Surname _____ First name _____

Street/ no. _____ Telephone _____

Post code/ place _____ Email _____

Please specify an additional address for the installation if different to the address of the operator.

2. Trained installers

Company _____

Surname _____ First name _____

Street/ no. _____ Telephone _____

Post code/ place _____ Email _____

3. Device data

Seq. no.	Type / designation	Series number	Purchase date	Commissioning date

After processing the order I retain a commercial guarantee certificate and an invoice sent by Steca Elektronik GmbH. A commercial guarantee claim can be made following receipt of payment. If the payment is not received within the period allocated for payment, then the order is invalidated and there is no commercial guarantee extension.

_____ Place / Date

_____ Signature

_____ Please print your name clearly in block capitals