



EPS CHECK CONTROL

END CUSTOMER AREA (to be fill in by the Authorized dealer)

DATE (GGMMAAAA)

SURNAME..... NAME.....

E-MAIL OR TEL.

PURCHASE DATE (BIKE /EPS SYSTEM)

PRODUCT: RECORD EPS SUPER RECORD EPS

CRANKSET SPROCKET CASSET

FAULTY COMPONENT (mark that one considered faulty by the final customer, also more than one)

LEFT ERGOPOWER <input type="checkbox"/>	RIGHT ERGOPOWER <input type="checkbox"/>	INTERFACE <input type="checkbox"/>
POWER UNIT <input type="checkbox"/>	FRONT DERAILLER <input type="checkbox"/>	REAR DERAILLER <input type="checkbox"/>
CRANKSET <input type="checkbox"/>	CHAIN <input type="checkbox"/>	SPROCKETS <input type="checkbox"/>

END CUSTOMER CLAIM (OPTIONAL)

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AUTHORIZED DEALER AREA (to be filled by the Authorized dealer)

DEALER NAME.....

SURNAME..... NAME.....

EPS INSTALLED ON THE BIKE BY:.....

POWER UNIT LED SWITCHED ON ? Yes No COLOR

HOW WAS THE FAULT CHECKED? (optional)

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