

ATT 2 Distributor Claim Form

Claim No. -Filled by BLUETTI	
CUSTOMER ID	
Company Name	
Product	
Serial Number -On the bottom of the unit	
Qty	
Problem Description	
Delivery Address -Including name, shipping address and phone number	
Purchase Date -Purchase date of the end customers	
Invoice Number -Invoice can be attached to the mailbox	
Link of video/picture -Can be attached to BLUETTI Support Mailbox	