

Registration form - DEFA Tracking subscription

Information to the dealer

In order to facilitate your job with registration of new customers you can ask the customer to fill in the below form so you have all necessary data available. As a minimum data marked by * must be given.

Contact data customer / recipient of invoice

Surname / Company name: *	
First name:	
Reg. number(Company):	
Contact person (Company):	
E-mail:*	
Address: *	
Postal code:*	
City:*	
Country:*	
Day telephone: *	
Evening telephone:	
Mobile telephone:	

The below mobile telephone numbers shall be allowed to send SMS messages to the vehicle and to receive alarms, if any, sent from the vehicle

Mobile number 1:	
Mobile number 2:	
Mobile number 3:	
Mobile number 4:	

Information about vehicle/boat

Type:	Colour:	
Mark:	* Either registration number or chassis number must be stated	
Design:	Registration number:	
Model:	Chassis number:	

Tracking unit

Serial number:	DEFA DT20	DEFA DT30
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Type of subscription

<input type="checkbox"/>	<input type="checkbox"/>	DEFA Basic
<input type="checkbox"/>	<input type="checkbox"/>	DEFA Basic Light

DEFA Basic: Subscription with automatic alarm to alarm control centre

DEFA Basic Light: Subscription with alarm to customer

Insurance company

Please state the name of your insurance company:			
Is the installation an insurance company demand?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>