Sonop Solar
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SONOP SOLAR
RENEWABLE ENERGY SOLUTIONS

Sonop Solar Client Application Form

Date:

Name of Contact Person
Surname of Contact Person
Contact Details
Physical Address
Postal Address
Email Address
Region and City

Company Name
Company Address
Vat No:
Company Address

Please indicate your option by marking with a X :					
Role:	Domestic Client	Dealer	Installer	Electrician	Other:
Type of System:	Grid Tie	Off-Grid	Hybrid System	Batterey Backup	Solar Pump
Type Of Roof:	IBR	Tile	Corrugated		Other:
Meter:	Analog	Prepaid			Other:
Phases:	1 Phase	3 Phase			Other:
Type of Installation:	Residential	Commercial	Agriculture	Rural	Other:
Percentage Saving Wanted:	10%	50%	80%	100%	Other:
Your Monthly consumption in units:	200-500	500-1000	1 000-1 500	1 500-2 000	Other:
(For an accurate quote please send us your latest electricity bills or 12 month bills.)	2 000- 3 000	3 000-5 000	5 000-10 000	10 000 - 20 000	
	20 000 -50 000	50 000- 100 000			

Why do you want to go with Solar?	
I want to save on my Electricity bill.	
I want to become independent from the utility.	
I want to be green.	
I do not have electricity.	

If you have chosen an Off-Grid or Back up system please indicate what you want to run from it.
Other Comments:

All information on this form is confidential.