



Customer Survey & Feedback Form (Suitable for household ESS users)

Note: In order for us to provide a rigorous and feasible solution, please complete the form as below truthfully and in detail as possible.

No.

Date:

Customer Name		Company/Org.		Tel. Number	
Country/State		Detailed Addr.			

Buildings(qty)		Total power consumption in the past year	
Number of floors		Average monthly electricity consumption (based on electricity bill)	
Rooms/bldg.		Power grid available or non(Y/N)	
Residential area(Y/N)		Building roof type(Flat/Inclined)	
Working area(Y/N)		Usable roof area (m ² /per building)	
Business area(Y/N)		Expected installation floor of ESS cabinet	

Household appliances load list <i>(Please seriously fill out the form as detailed as possible.)</i>								
SN	Appliance List	Rated Power(W)	Qty	Daily Working Time(h)		Daily Energy Consumption(Wh)		Remark
				Daytime 09:00-17:00	Nighttime 17:00-09:00	Daytime 09:00-17:00	Nighttime 17:00-09:00	
1						-	-	
2						-	-	
3						-	-	
4						-	-	
5						-	-	
6						-	-	
7						-	-	
8						-	-	
9						-	-	
10						-	-	
11						-	-	
12						-	-	
13						-	-	
14						-	-	
15						-	-	
16						-	-	
17						-	-	
18						-	-	
19						-	-	
20						-	-	
Total Daily Energy Consumption(KWh):						-	-	
						-	-	

Pictures of the roof/building:

Insert your pictures