## **J.A. Russell Ltd** ELECTRICAL & DATA SUPPLIERS

## EV CHARGING STATION ENQUIRY FORM

First name:	Last name:	Company name:	
Email address:		Phone number:	J. A. Russell Ltd account code:
Quantity required:  Preferred Lead Length:  Type I Type II List the make and model of th that will be using the charging		Is there a wall to mount the charging station(s) on? Yes No How many electric vehicles will be using each charging station? 1 2-5 6-20 21+ Unsure	Where will the charging station be installed? Residential Commercial Public How quickly does the vehicle(s) need to be charged? Overnight 4 - 6 hours 1 - 4 hours Less than an hour
Are back-end features such as load management, cost allocation, billing required? Yes No	Would you like to control the accessibility of the charger? Yes No	Other notes:	

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