



# WARRANTY REGISTRATION FORM

THANK YOU FOR CHOOSING FWE.

Please take a moment to read through the Operating Instruction Booklet included with your cabinet. Expect many years of efficient service from this unit by following a routine of proper use and care. This registration must be completed within 30 days of receipt of equipment to validate warranty.

**IMPORTANT : YOU MUST FILL OUT MODEL # AND SERIAL # SHOWN BELOW**

First Name*	<input type="text"/>	Last Name*	<input type="text"/>
Phone Number*	<input type="text"/>	Email Address*	<input type="text"/>
Organization*	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
Purchased From	<input type="text"/>	Country	<input type="text"/>
		Date Received	<input type="text"/>
Model #*	<input type="text"/>	Serial #*	<input type="text"/>

COMPLETE BELOW MODEL & SERIAL # LINES FOR *ADDITIONAL* EQUIPMENT REGISTRATION

Model #*	<input type="text"/>	Serial #*	<input type="text"/>
Model #*	<input type="text"/>	Serial #*	<input type="text"/>
Model #*	<input type="text"/>	Serial #*	<input type="text"/>
Model #*	<input type="text"/>	Serial #*	<input type="text"/>
Model #*	<input type="text"/>	Serial #*	<input type="text"/>
Model #*	<input type="text"/>	Serial #*	<input type="text"/>
Model #*	<input type="text"/>	Serial #*	<input type="text"/>
Model #*	<input type="text"/>	Serial #*	<input type="text"/>
Model #*	<input type="text"/>	Serial #*	<input type="text"/>
Model #*	<input type="text"/>	Serial #*	<input type="text"/>

FAX THIS COMPLETED FORM TO (815) 459-7989