



**ABM International, Inc.**

## WARRANTY REGISTRATION FORM

(Please Print)				
Today's date:				
<b>CUSTOMER INFORMATION</b>				
Customers last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Street address:		Home phone no.:		
		(     )		
P.O. box:	City:	State:	ZIP Code:	
Machine purchased (please check all boxes that apply)				
<input type="checkbox"/> Innova 18	<input type="checkbox"/> Innova 26	<input type="checkbox"/> None		
Product serial number:				
Frame purchased (please check all boxes that apply)				
<input type="checkbox"/> Brindabella	<input type="checkbox"/> Pro-Frame	<input type="checkbox"/> Happy Jack	<input type="checkbox"/> None	
Options purchased (please check all boxes that apply)				
<input type="checkbox"/> Stitch Regulator	<input type="checkbox"/> Overhead light	<input type="checkbox"/> Electric Table lift	<input type="checkbox"/> Locking Casters	<input type="checkbox"/> Custom Color (Specify):
How did you become aware of this ABM International product (please check one box):				
<input type="checkbox"/> Dealer	<input type="checkbox"/> Friend	<input type="checkbox"/> Internet	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other
Dealer name:				
<i>Customer signature</i>			<i>Date</i>	