



ABM International, Inc.

WARRANTY REGISTRATION FORM

CUSTOMER INFORMATION				
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:	
E-mail Address:				
MACHINE INFORMATION				
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 (found on the right side of the bottom beam in front of the rear cover):				
FRAME INFORMATION				
Type of frame purchased (please check all boxes that apply)				
<input type="checkbox"/> Pro-Frame	<input type="checkbox"/> Home Frame	<input type="checkbox"/> Happy Jack	<input type="checkbox"/> None	
Size of frame purchased:				
OPTION INFORMATION				
Options purchased (please check all boxes that apply)				
<input type="checkbox"/> Adjustable laser mount	<input type="checkbox"/> Auto Pilot computer control	<input type="checkbox"/> Clip on handles	<input type="checkbox"/> Cross hatch ruler	<input type="checkbox"/> E-cording
<input type="checkbox"/> Electric channel locks	<input type="checkbox"/> Electric table lift	<input type="checkbox"/> Front laser mount	<input type="checkbox"/> Hand wheel	<input type="checkbox"/> Heavy duty tension
<input type="checkbox"/> Lightning stitch	<input type="checkbox"/> Locking casters	<input type="checkbox"/> Magnifying lens	<input type="checkbox"/> Micro handles	<input type="checkbox"/> Open toe presser foot
<input type="checkbox"/> Overhead light w/ fixtures	<input type="checkbox"/> Overhead light w/o fixtures	<input type="checkbox"/> Power feed	<input type="checkbox"/> Side spool holder	<input type="checkbox"/> Stitch regulator
<input type="checkbox"/> Touch screen	<input type="checkbox"/> Trapunto foot			
PURCHASE INFORMATION				
Date of Purchase:				
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"/> Magazine	<input type="checkbox"/> Other
Who did you purchase this ABM International product from (please check one box):				
<input type="checkbox"/> Dealer (Please list Dealer name below)		<input type="checkbox"/> Internet	<input type="checkbox"/> ABM Direct	<input type="checkbox"/> Trade Show (Please list below)
Customer signature:				Date:

Please return a copy of this form to ABM International, Inc. in any of the following ways:

Scan and E-mail a copy to: contact@abminternational.com

Mail a copy to: ABM International, Inc.
PO Box 132679
The Woodlands, TX 77393-2679