

# CUSTOMER PRODUCT REGISTRATION



Date of Purchase: \_\_\_\_\_

Product Line: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_

Serial # of Machine: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St./Prov.: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Salesman's Name: \_\_\_\_\_ Salesman's Email: \_\_\_\_\_

Did you trade in equipment on this product?  Yes  No

If so, What? \_\_\_\_\_

Brand Name: \_\_\_\_\_

## Where did you first learn of this product?

Television  Magazine Which One? \_\_\_\_\_

Neighbor/acquaintance  Your dealer  Trade Show Which One? \_\_\_\_\_

Returning this form assures that product information bulletins will be sent directly to you.

*To submit your registration electronically, fill out form and click on Submit.*

*To submit your registration through mail, fill out form and click on Print.*

*Mailing Address: Summers Mfg. Co., Inc.*

*PO Box 580*

*Devils Lake, North Dakota, USA 58301-0580*