

WARRANTY 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