



SUMMERS MANUFACTURING

WARRANTY REGISTRATION

Date of Purchase: _____

Product Name: _____ Size: _____

Serial # of Machine: _____

Name: _____

Address: _____

City: _____

St./Prov.: _____

Country: _____

Postal Code: _____

Phone Number: _____

E-Mail: _____

Dealer Name: _____

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 or 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.

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