

FURZONE WARRANTY REGISTRATION

IMPORTANT: Completely fill out and mail within 10 days purchase.

NAME : _____

ADDRESS : _____

CITY STATE, ZIP CODE _____

PHONE (____) _____ DATE PURCHASED _____

MODEL : _____

PURCHASED FROM : _____

I HAVE READ AND CLEARLY UNDERSTAND THE WARRANTY TERMS.

SIGNATURE

DATE

Fill Out and Mail to:

**FURZONE WARRANTY
P.O. BOX 91273
MOBILE, AL 36691**