

Warranty Certificate Request Form

The WARRANTY CERTIFICATE will be issued to the Equipment Owner only and it is non-transferable.

Serial No:

Date Purchased:

Model No:

Date Installed:

Equipment Owner:

Name _____ Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Cell No _____ Email _____

Is Unit installed at same address as above? Yes No
If no, please fill out the information and unit location's address below.

Unit Location

Contact Name _____ Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Cell No _____ Email _____

Acknowledgement of Terms and Conditions

I hereby acknowledge I have read all terms and conditions listed on Power Service website and agree to all of items listed and understand this warranty is non-transferable without factory authorization.

Completed by: _____

Signature:

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Company: _____

Phone No: _____

Date: _____