



NEW MACHINE Warranty Registration Form

*Indicates required field.

Please save a copy for your records

New Owner Information

*Company Name:	*Phone Number:	Fax Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Mailing Address:	*City:	*State/Province:
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Zip/Postal Code:	*Country:	
<input type="text"/>	<input type="text"/>	

Contact Information *(Your Information)*

*First Name:	*Last Name:	*Phone Number:	*Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: <i>(if different from above)</i>		City:	State/Province:
<input type="text"/>		<input type="text"/>	<input type="text"/>
Zip/Postal Code:	Country:		
<input type="text"/>	<input type="text"/>		

Product Information

	Model Number	Serial Number:	Purchase Date:		Model Number	Serial Number:	Purchase Date:
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	7	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	9	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	<input type="text"/>	<input type="text"/>	<input type="text"/>

This registration will not be accepted if incomplete or falsified.

Mail To:
GMG Corporate
3428 Bullock Lane
San Luis Obispo, CA 93401
Attn: Warranty Dept.

Questions / Comments
Product Support
Phone: 805.516.2166
Toll Free: 800.301.0499 (Ext. 2)
Email: Warranty@goGMG.com