

WARRANTY REGISTRATION FORM

Please mail or email registration form back to Electric Reefer Solutions
955 76th St. SW — Byron Center, MI 49315
Email — service@electricreefersolutions.com

Registrant

Company Name

Name

Last Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Company Address

City

State

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Phone

Email Address

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Unit Information

Unit Serial Number

Model

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Date of Purchase

In-Service Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

How did you first learn about this product?

What was the most important reasons influencing your purchase?