



WARRANTY

PLEASE INCLUDE THIS SHEET
WITH THE RETURN

NAME: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: (____) _____

MODEL: _____ SIZE: _____

SERIAL NUMBER: _____ PURCHASE DATE: _____

NOTES: _____

PLEASE SEND ALL WARRANTIES
TO:

47 POLITE RD
WINDER GA 30680
770-867-2287