



Printable Limited Warranty Registration Form

Contact Information

Name

Title

* Company Name

* Address Line 1

Address Line 2

* City

* State (if inside US)

* Province (if outside US)

* ZIP/Postal Code

* Country

Telephone #

Fax #

* E-mail address

Product Information

* AmKing Product

* Model #

* Serial #

* Date Purchased

* Date Installed

Purchase Price

Company Purchased From

What industries does your organization participate in?
(Check all that apply):

- Education
- Financial Services
- Healthcare
- Insurance
- Legal
- Publishing

- Retail/Wholesale
- Service Bureau
- Telecommunications
- Transportation
- Utilities
- Other

*** = Required Field**