



Telephone 757-539-0231

FAX 757-934-3264

PRODUCT WARRANTY REGISTRATION

This form must be completed and returned to Amadas Industries in order to place this machine under warranty. Please complete ALL information and mail or FAX this form to Amadas Industries within 10 days of delivery or warranty date.

Machine Type:	
Model Number:	Serial Number:

Delivery Date to Customer:

Customer Name:	
Customer Address:	
City, State, Zip:	
Telephone No.:	Email:

Dealer Name:	Dir. Location:
Salesman Name:	
Salesman Address:	
City, State, Zip:	
Social Security No.:	

The customer and/or operator has received the following: (please check)

- Parts Manual with Warranty terms.
- Operation and Maintenance Manual.
- Verbal instruction on operation and maintenance of this machine.
- All shields, screens, and other safety devices in place and customer agreement not to operate machine without these devices.
- All safety decals on this machine and customer understanding of the associated dangers.

Date: _____ Customer Signature _____

Dealer Representative's Signature _____