

# WARRANTY REGISTRATION FORM

Please mail or email registration form back to Electric Reefer Solutions  
955 76<sup>th</sup> St. SW – Byron Center, MI 49315  
Email – mark\_boeve@tkmichigan.com

## Registrant

Company Name

Name

Last Name

<input type="text"/>	<input type="text"/>
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Company Address

City

State

Zip

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

Email Address

<input type="text"/>	<input type="text"/>
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## Unit Information

Unit Serial Number

Model

<input type="text"/>	<input type="text"/>
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Date of Purchase

In-Service Date

<input type="text"/>	<input type="text"/>
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How did you first learn about this product?

What was the most important reasons influencing your purchase?