CUSTOMER WARRANTY REGISTRATION

COMPLETE ALL SECTIONS (1 – 8)

PLEASE COMPLETE THIS FORM TO ENSURE THAT THE GREEN SERIES SERVICE GROUP CAN FULFILL TIMELY REQUESTS FOR SERVICE AND REPAIRS.

1 Date: ___|___ ___|___ ___|___|___|___ **2** **Purchase Order:** __|__|__|__|__|__|__|__|__|__|__|__
MONTH DAY YEAR

3 **Serial Number:** __|__|__|__|__|__|__|__|__|__|__|__|__|__

4 **Model Number:** __|__|__-__|__|__|__|__|__|__|__-__|__

5 **Installed:** __|__| __|__| __|__|__|__
MONTH DAY YEAR

☐ **Full Commercial** ☐ **Light Commercial** ☐ **Residential**

6 **Purchasing Entity:** _____ **Contact:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____ **Email:** _____

7 **Installation Location Name:** _____ **Contact:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____ **Email:** _____

8 **Purchased From:** _____ **Purchase Date:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____ **Email:** _____

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