

# WARRANTY REGISTRATION

To facilitate your warranty coverage,  
Please fill in this form completely  
And submit it within 14 days.



Contact Name \_\_\_\_\_  
Institution/Company \_\_\_\_\_  
Principal Investigator \_\_\_\_\_  
Address \_\_\_\_\_  
Department \_\_\_\_\_ Room # \_\_\_\_\_  
Mail Code \_\_\_\_\_ Country/Prov. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

My position is:

- Principal Investigator
- Research Scientist
- Lab Manager
- Technician
- Grad Student/Student
- Other \_\_\_\_\_

Please List Items Below:

Product \_\_\_\_\_  
Cat. No. \_\_\_\_\_ Purchase Date \_\_\_\_\_  
P.O.# \_\_\_\_\_ Serial # \_\_\_\_\_  
Did you receive the product in good condition? \_\_\_\_\_

Product \_\_\_\_\_  
Cat. No. \_\_\_\_\_ Purchase Date \_\_\_\_\_  
P.O.# \_\_\_\_\_ Serial # \_\_\_\_\_  
Did you receive the product in good condition? \_\_\_\_\_

Product \_\_\_\_\_  
Cat. No. \_\_\_\_\_ Purchase Date \_\_\_\_\_  
P.O.# \_\_\_\_\_ Serial # \_\_\_\_\_  
Did you receive the product in good condition? \_\_\_\_\_

Product \_\_\_\_\_  
Cat. No. \_\_\_\_\_ Purchase Date \_\_\_\_\_  
P.O.# \_\_\_\_\_ Serial # \_\_\_\_\_  
Did you receive the product in good condition? \_\_\_\_\_

Product \_\_\_\_\_  
Cat. No. \_\_\_\_\_ Purchase Date \_\_\_\_\_  
P.O.# \_\_\_\_\_ Serial # \_\_\_\_\_  
Did you receive the product in good condition? \_\_\_\_\_

- Please send a catalog       Planning new laboratory       I have questions, please call me

Click "Submit Form" to send immediately. Printed forms may be emailed to [info@usascientific.com](mailto:info@usascientific.com) or faxed to 352-237-3019.

**SUBMIT FORM**