

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? _____

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P.O.# _____ Serial # _____
Did you receive the product in good condition? _____

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P.O.# _____ Serial # _____
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P.O.# _____ Serial # _____
Did you receive the product in good condition? _____

☐ Please send a catalog

☐ Planning new laboratory

☐ I have questions, please call me

Printed forms may be emailed to info@usascientific.com or faxed to 352-237-3019.