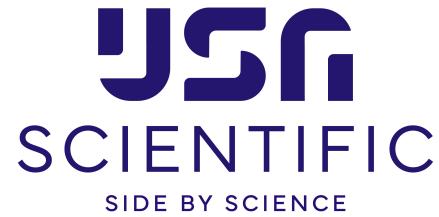


WARRANTY REGISTRATION

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

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