

## **Registration Form**

We appreciate your interest in this service and look forward to providing you with the many advantages this plan offers.

**Registering your product is easy.** Please complete the information below and return this form by mail to 2823 East Main St., Russellville, AR 72802 Attn: Product Registration or by fax to 888-221-4336. You will be notified if your product is not eligible for coverage.

**Name of Contract Holder:** \_\_\_\_\_

**Billing Telephone Number:** (     ) \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Plan Name:** \_\_\_\_\_

### **Please Complete the Required Product Information**

<u><b>Product Type</b></u>	<u><b>Manufacturer</b></u>	<u><b>Model Number</b></u>	<u><b>Serial Number</b></u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I acknowledge that I am requesting the above products be added to my plan.

Contract Holder Signature: \_\_\_\_\_