

# REGISTRATION FOR WARRANTY

**Product Owner shall complete this form and return to address below within 10 calendar days of install date to register and validate warranty.**

Legacy Lifts®, 6556 State Highway 198, Mabank, Texas 75156

903-451-2507; 800-597-5438; FAX: 903-451-2527; [www.legacylifts.com](http://www.legacylifts.com)

Product I.D.: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Install Date: \_\_\_\_\_

Installer: \_\_\_\_\_

Building Contractor: \_\_\_\_\_

## **Product Owner Identification with Contact Information**

Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_

Secondary Phone No.: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Secondary Email Address: \_\_\_\_\_

Product Owner's Signature \_\_\_\_\_