
REGISTRATION CARD

Purchaser's Name _____

Address _____

City _____ State _____ Zip _____

Dealer's Name _____

Date of Purchase		
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City _____ State _____ Zip _____

Installed By _____

City _____ State _____ Zip _____

MODEL NUMBER:	DATE OF INSTALLATION	MONTH	DAY	YEAR
SERIAL NUMBER:				

TO: **PACIFIC SEISMIC PRODUCTS, INC.**
233 East Avenue H-8
Lancaster, California 93535
Attention: Service Manager