



Warranty Registration Certificate

Product Model: _____ Serial number: _____

First Name: _____ Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

TEL: _____ FAX: _____

E-Mail: _____

Where did you purchase this product: _____

Date of purchase: _____ State: _____

Comments and remarks: _____

I Want to Join the Index Security special mailing lists for updates and new products. Please send information via:

E-mail _____ or

by **Fax** _____

Register online at www.index-security.com
or fax to 732-531-2307