



HPTO Warranty Registration

Company Name: _____
(PLEASE PRINT)

Person to Contact: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Phone: _____ Email: _____

Date of Machine Startup: _____ Machine S/N: _____
(DD/MM/YYYY)

Original Equipment Manufacturer: _____

Clutch Housing S/N #1: _____ Clutch End Cover S/N #2: _____

Distributor/Dealer: _____

Extended Warranty (Optional):
(DEFAULT IS STANDARD LIMITED WARRANTY)

2 yrs / 2000 hrs

3 yrs / 3000 hrs

Signing below indicates reading and consenting to the Terms and Conditions of Sale outlined in the Controlled Document S-001. (Must be signed to validate warranty)

(SIGNATURE)

Mail To:
HPTO Warranty Registration
PO Box 305
Sharon Center, OH 44274

REMOVE AND SEND IN TO PT TECH BY FAX, MAIL, OR EMAIL
FAX #: (330) 239-2012 **EMAIL:** orders@pttech.com **PHONE #:** (330) 239-4933
MUST BE MAILED WITHIN 30 BUSINESS DAYS FROM MACHINE STARTUP