



**OWENS PRODUCTS, INC.
REGISTRATION FORM**
(Please Print)



*Today's Date:		*Product Type:		*Product Number:	
CUSTOMER INFORMATION					
*Last Name:		*First:		Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss Marital Status (circle one) <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Single / Mar / Div / Sep / Wid
Birth Date:	Age:	Sex:	*Phone No. <input type="checkbox"/> Home <input type="checkbox"/> Cellular		Occupation:
/ /		<input type="checkbox"/> M <input type="checkbox"/> F	()		Annual Income:
*Street Address:					
*P.O. Box:		*City:		*State:	*ZIP Code:
Chose Owens because/Referred to Owens by (please check all that apply):					
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Magazine Ad <input type="checkbox"/> Social Media Pages <input type="checkbox"/> Other _____					

PURCHASE INFORMATION			
*Where Purchased:	*Purchase Date:	*Vehicle Model:	*Current Mileage:
*17 Digit VIN:		*Vehicle Year:	
Would you like to receive Owens Information via email? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address if yes:	

*****Must include a copy of purchase receipt with warranty card*** Completed Warranty Card and Receipt may be scanned and emailed to sales@owensproducts.com**

OTHER VEHICLES OWNED	
Year/Make/Model	Year/Make/Model
*The above information is true to the best of my knowledge. I understand that I am financially responsible for any shipping charges when returning product for warranty evaluation.	
*Customer Signature:	*Date:

Items with * in front must be filled out. All other items are optional. Mail completed cards w/ copy of receipt to: Owens Products, Inc. PO Box 670, Sturgis, MI 49091

FOLD – TAPE – MAIL
DO NOT STAPLE

Place
Postage
Here

Owens Products, Inc.
P.O. Box 670
Sturgis, MI 49091
USA

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