

# WARRANTY REGISTRATION FORM

# CUSTOMER INFORMATION NAME: TEL: EMAIL: ADDRESS:

### **DEALER INFORMATION**

NAME:
PURCHASE DATE:

# PRODUCT INFORMATION

MODEL:

GAS TYPE:

MODEL:

GAS TYPE:

PLEASE FILL AND RETURN TO:

AMERICAN HEATING TECHNOLOGIES INC.
501 W. GLENOAKS BLVD # 125

GLENDALE, CA 91202

www.AllegraGrills.com



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