





CUSTOMER WARRANTY REGISTRATION

COMPLETE ALL SECTIONS (1 – 8)

PLEASE COMPLETE THIS FORM TO ENSURE THAT THE BRIGADOON FITNESS CAN FULFILL TIMELY REQUESTS FOR SERVICE AND REPAIRS.

1 Date: 2 Purchase Order:	
3 Serial Number: _ _ _ _ _ _	
4 Model Number: _ _ _ _	· · · · · · · · · · · · · · · · · · ·
6 Purchasing Entity: Contact:	
	City:
State: Zip: Phone:	Email:
7 Installation Location Name:	Contact:
Address:	City:
State: Zip: Phone:	·
8 Purchased From:	Purchase Date:
Address:	City:
State: Zip: Phone:	·