



MANUAL PRODUCT REGISTRATION FORM

Please only complete this form and fax or mail this form if you cannot register at www.e-frontier.com/go/register. Please **WRITE LEGIBLY** using **dark ink**.

Name: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

| Product | Platform | Serial Number |
|---------|----------|---------------|
| | | |
| | | |
| | | |

Please fax or mail this completed form to:

e frontier America, Inc.
ATTN: Register
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Scotts Valley, CA 95066, USA
FAX: +1 (831) 480-2010