

SWP REGISTRATION CARD

PRODUCT _____
SWP HARDWARE SER. # _____
SWP SOFTWARE SER. # _____
PURCHASE DATE ____/____/____
PURCHASE PLACE _____

NAME OR COMPANY _____
CONTACT PERSON _____
STREET _____
CITY _____ STATE _____ ZIP _____
PHONE (____) ____-____ EXT. _____

COMMENTS _____

To validate your warranty and to receive information about updates and new products, complete this form and mail it to SWP.