

# CINCH™

## Warranty Registration Form

Please complete the requested information regarding your Cinch product

Current Date: \_\_\_\_\_

Which product did you purchase:

Steel Railing

ADA Railing

Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

Email:

\_\_\_\_\_

Address:

\_\_\_\_\_

Street Address

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Postal /Zip Code

Name of Supplier:

\_\_\_\_\_

Supplier Location:

\_\_\_\_\_

Contractor Name:

\_\_\_\_\_

Date Purchased:

\_\_\_\_\_

Date Installed:

\_\_\_\_\_