



C4P Product Warranty Registration Card

C4P Inc.

First Name: _____

Last Name: _____

City: _____ State/Province: _____ Zip Code: _____

Phone Number : _____

Email : _____

Fax: _____

Dealer Name : _____

Phone Number : _____

Purchased Price : _____

Model Number : _____

Serial Number : _____

Date of Purchase : _____

Please include a copy of your invoice with your registration submission

Mail to: 5155 Spectrum Way, Unit 25
Mississauga, ON
L4W 5A1 Canada

Email to: customerservices@c4pinc.com

Fax to: 1-905-282-9885

Warranty only valid if submitted within 30 days of initial purchase