



PRODUCT WARRANTY REGISTRATION

OWNER INFORMATION

LAST	FIRST	PHONE	EMAIL	
MAILING ADDRESS		CITY	ST	ZIP
IS THE PRODUCT INSTALLED AT THE ADDRESS ABOVE? YES <input type="checkbox"/> NO <input type="checkbox"/>				
INSTALLATION ADDRESS		CITY	ST	ZIP

DEALERSHIP INFORMATION

DEALERSHIP WHERE PURCHASE WAS MADE	DEALERSHIP CITY AND STATE
DATE OF PURCHASE	DID THIS DEALER ASSEMBLE / INSTALL PRODUCT FOR YOU? (CHECK ALL THAT APPLY) ASSEMBLED <input type="checkbox"/> INSTALLED <input type="checkbox"/> NEITHER <input type="checkbox"/>
ON A SCALE OF 1 (NOT AT ALL LIKELY) TO 10 (VERY LIKELY), HOW LIKELY ARE YOU TO RECOMMEND THIS DEALERSHIP?	

PRODUCT / PURCHASE INFORMATION

HAVE YOU ATTACHED A COPY OF YOUR SALES RECEIPT/INVOICE? YES NO IF YES, YOU CAN SKIP DOWN TO THE "PURCHASE AND CUSTOMER FEEDBACK" SECTION. IF NO, PLEASE FILL OUT THE REMAINING PRODUCT INFORMATION FIELDS.

PRODUCT(S) PURCHASED (CHECK ALL THAT APPLY): DOCK SYSTEM DOCK ACCESSORIES BOAT LIFT LIFT ACCESSORIES BOAT LIFT CANOPY SHOREPORT

INFINITY DOCK SYSTEMS	MODEL: RS4 <input type="checkbox"/> RS7 <input type="checkbox"/> TS9 <input type="checkbox"/> FTS9 <input type="checkbox"/>	SIZE(S) / # OF SECTIONS:	SERIAL NUMBER(S):
DOCK DECKING PANELS	TYPE OF DOCK DECKING PURCHASED:		
DOCK ACCESSORIES	PLEASE LIST ALL PURCHASED ACCESSORIES:		
BOAT LIFT SYSTEM	MODEL: VERTICAL <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> PONTOON <input type="checkbox"/> CANTILEVER <input type="checkbox"/>	WEIGHT CAPACITIES:	SERIAL NUMBER(S):
BOAT LIFT ACCESSORIES	PLEASE LIST ALL PURCHASED ACCESSORIES:		
BOAT LIFT CANOPY	SIZE:	COVER STYLE AND COLOR:	
SHOREPORT	QUANTITY:		

PURCHASE AND CUSTOMER FEEDBACK

ON A SCALE OF 1 (NOT AT ALL LIKELY) TO 10 (VERY LIKELY), HOW LIKELY ARE YOU TO RECOMMEND SHOREMASTER PRODUCTS?	WHERE DID YOU FIRST HEAR ABOUT SHOREMASTER?
ADDITIONAL NOTES / COMMENTS:	