

FABLICATOR WARRANTY REGISTRATION FORM	
Company / School:	
First Name:	
Last Name:	
Phone Number:	
E-mail Address:	
Street Address:	
Address Line 2:	
City:	
State: Postal Code:	
Product Model:	Serial Number:

Please complete this form, detach and mail to activate your warranty.

Alternatively, complete online at: https://fablicator.com/warranty-registration-form

From:

Postage
Required

K&L Services Group 215 N. 8th Street Allentown, PA 18102