

Simply fill in the fields below and print form. Send Completed Form to:

FlowerHouse™ Warranty/ Registration Dept. 901 Tacoma Ct. PO Box 595 Clio, MI 48420

## **WARRANTY CARD**

## PLEASE READ AGREEMENT BEFORE SIGNING Click Here

Keep this copy for yourse	f.		
Product Model Number/ N	lame:		
Date of Purchase: Where Purchased (Store):			
Print Name:			
Address:			
City	ST	ZipCode	
E-mail:			
Signature:			_ Date:
My signature above acknow warranty agreement. Mus	_		•
WARRANTY CARD	, -	ŕ	
Warranty/ Registration De	ept. 901 Tacoma	Ct. PO Box 595	Clio, MI 48420
Product Model Number / I	Name:		
Date of Purchase:	Where Purc	hased (Store):	
Print Name:			
Address:			
City	ST	ZipCode	
E-mail:			
Signature:			_ Date:

My signature below acknowledges that I have read, fully understand, and accept this limited warranty agreement. Must return within 14 days of purchase with copy of dated register receipt.