



## LIMITED WARRANTY REGISTRATION FORM

**IMPORTANT**

**To validate Gulfstream's Limited Warranty. The Limited Warranty Registration Form MUST be filled out completely and returned to Gulfstream Plastics within 30 days of the original installation.**

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**Serial Number**  
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**First Name**

**Last Name**  
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**Business Name**  
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**Business Address**  
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**City**  
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**State/Province**

**Zip/Postal Code**

**Phone Number**  
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**Date of Purchase (mm/dd/yyyy)**

**Date of Installation (mm/dd/yyyy)**

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**Name of Distributor**  
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**City**

**State/Province**  
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**Business Email Address**  
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Please mail completed Warranty Registration Form to:

Gulfstream Inc.  
145 Sheldon Drive  
Cambridge, ON, N1R 5X5  
Canada