

(FILL IN AND MAIL WARRANTY REGISTRATION WITHIN 60 DAYS)

Name of Purchaser: _____

Fireplace installed at address (Street & No.) _____

City: _____ State: _____ Zip: _____

Where Purchased: _____ Date of Purchase: _____

Installer's Name: _____ Installer's Phone No.: _____

Installation Date: _____ Serial Number: _____

Fireplace Model (Circle Number): Zero Clearance Wood Burning Inserts See-Through

A 48" B 40" A B C D A

Purchaser's Signature _____ Date: _____