

WARRANTY REGISTRATION CARD

Company Name _____
Street Address _____
City, State, Zip _____
Phone Number _____
Email _____
Model Number _____
Serial Number _____
Distributor Purchased From _____
Distributor Phone Number _____
Date of Purchase _____
Invoice Number _____
In Service Date _____
Contact Name _____
Signature/Date _____

Mail Warranty Card to:

**Pioneer, A-Wastequip Company
Attn: Warranty Department
96 Southbridge Rd
No. Oxford, MA 01537**