



WARRANTY REGISTRATION

Appliance Model Number _____ Appliance Serial Number _____

Installation Date _____ Type of gas Natural Gas Propane Gas

Owner / Business Name _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

PURCHASE FROM

Dealer Name _____ Phone No. _____
Copy of original Dealer sales receipt is required

Address _____ City _____ State _____ Zip _____

Note _____

RETURN REGISTRATION TO

Abamaster, Inc.
P.O.Box 420088
Miami, FL 33242-9988
Phone (305) 325-8888

RETAIN A REGISTRATION COPY FOR YOUR RECORD

WARRANTY APPLIES TO THE ORIGINAL OWNER ONLY AND IS NOT TRANSFERABLE
THESE APPLIANCES ARE MANUFACTURED AS COMMERCIAL COOKING EQUIPMENT ONLY
The most updated product information available for viewing, printing or downloading online at www.abamaster.com