

New Vision Vinyl Fence Systems

LIMITED WARRANTY REGISTRATION

Date of Installation: _____

All information must be complete in order to place the warranty on your purchase into effect. Complete only one registration per installation and product and MAIL WITHIN THIRTY (30) DAYS, along with a copy of your proof of purchase.

Purchaser Name: _____

Telephone: _____

Address of Installation: _____

Product Supplier Name: _____

Description of Products: _____

(Type, Size, Color, Quantity, etc.) _____

I have read and accept the terms and conditions of New Vision Vinyl Fence's Warranty.

Date: _____

Signature of Purchaser: _____