



## PRODUCT REGISTRATION CARD/FORMULE DE GARANTIE

Registered at [usa.husqvarna.com](http://usa.husqvarna.com)

T 7 M 0 1 - 0 1

1. ☐ Mr./M. ☐ Mrs./Mme ☐ Ms.  
First Name/Prénom Initial Nom de famille

Street/Adresse

Apt. No./App.

City/Ville

State/Province

ZIP Code/Code postal

E-mail Address:

Please use ball-point pen  
and press firmly through  
multiple copies.

Utilisez un  
stylo à bille et appuyez  
suffisamment pour  
traverser la liasse  
des documents.

2. Your date of birth:

Month

Year

3. Marital status: 1.
- ☐
- Married 2.
- ☐
- Single

4. Purchaser's Phone/Téléphone du client :

( )

5. Date of purchase/Date d'achat:

05 09 2008

Month/Mois: Day/Jour: Year/Année:

6. Dealer Name/Du concessionnaire:

EBELS-

7. Dealer/Du concessionnaire:

City/Ville

FAIMOLIZ

State/Province

MT

8. Dealer number/No. du concessionnaire :

66500

9. Model/Modelo :

2021 CH1B-

10. Serial number/No. Série :

012104M 002077

Les résidents du Canada ne sont pas tenus de remplir le reste du questionnaire.

11. Was this product assembled, serviced, and operating properly when delivered?

1. ☒ Yes 2. ☐ No

12. Did a dealer instruct operator on how to operate and maintain this product?

1. ☒ Yes 2. ☐ No

13. Did purchaser receive operator's manual for this product?

1. ☒ Yes 2. ☐ No

14. How will this product be used?

1. ☒ Residential 2. ☐ Farm/Ranch 3. ☐ Commercial/Professional

15. A. For your primary residence, do you: 1.
- ☐
- Own? 2.
- ☐
- Rent?

B. If you own, how large is your lot?

1. ☐ 1/4 acre 3. ☐ 1 acre  
2. ☐ 1/2 acre 4. ☐ More than 1 acre

16. Not including yourself, what is the GENDER and AGE (in years)
- 
- of children and other adults living in your household?

1. ☐ No one else in household 2. ☐ Child under 1 year

Male Female Age

Male Female Age

1. ☐ 2. ☐ yrs.1. ☐ 2. ☐ yrs.1. ☐ 2. ☐ yrs.1. ☐ 2. ☐ yrs.

17. Occupation: (check all that apply)

You

Spouse

Professional/Technical .....	<input type="checkbox"/>	1. <input type="checkbox"/>
Upper Management/Executive .....	<input type="checkbox"/>	2. <input type="checkbox"/>
Middle Management .....	<input type="checkbox"/>	3. <input type="checkbox"/>
Sales/Marketing .....	<input type="checkbox"/>	4. <input type="checkbox"/>
Clerical/Service Worker .....	<input type="checkbox"/>	5. <input type="checkbox"/>
Tradesman/Machine Operator/Laborer .....	<input type="checkbox"/>	6. <input type="checkbox"/>

18. Level of education: (check highest level completed)

1. ☐ Completed High School  
2. ☐ Completed College  
3. ☐ Completed Graduate School

PLEASE CONTINUE ON BACK &gt;&gt;&gt;

Keith Grandy 5-9-08  
Customer's Signature/Signature du client Date

Paul Elia 5-9-08  
Dealer's Signature/Signature du concessionnaire Date

IMPORTANT: Please retain the appropriate copy for your records:

WHITE - Manufacturer copy

YELLOW - Dealer copy

PART# 114 00 93-95