AIRTB

Customer Option Form

Customer Information: (Please	Print)		
Name:			
Address:			
City:	ST:	ZIP:	
Phone: ()	Unit Purchase Date (Copy of Proof of Purchase must be attached)		
Unit Model:	Serial #:		
Dealer Information: (Please Print	t)		
Dealer Name:			
Ship to Address:			
City:	ST:	ZIP:	
Phone: ()	Dea	ler Account #:	
I, the undersigned, acknowled listed product model with assiq relinquish full ownership of the warranty and serviceability.	gned serial nur	nber shown. I understand th	
I understand that by accepting 16 air purifier at a special one year limited warranty (see pro	time offer price	of \$185.00 complete with a	
Signed:		Date:	

Dealer send AIRTB unit complete with this original form and copy of AIRTB proof of purchase to: AIRTB, 1400 Salem Rd. Cookeville, TN, 38506