



REGISTRATION FORM

To be eligible for the rebate program, please complete, sign and return this postage paid form within thirty days from the date of purchase.

Please type or print clearly.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Product Name: _____

Date of Purchase: _____

Dealer Name/Telephone: _____

Signature: _____

Do you currently own a radar detector? Yes/No

THIS FORM MUST BE RETURNED WITHIN 30 DAYS OF PURCHASE