AFT Product Registration Form

AFT

Customer

Name: _____

Address: _____

City, State: _____

Zip Code: _____

Phone: _____

email: _____

Please complete this form and email it to support@atechflash.com or fax it to us at (510) 824-6869.

No.	MODEL/PRODUCT	SERIAL NUMBER	INVOICE#	PURCHASE DATE	PURCHASED FROM
1					
2					
3					
4					
5					
6					
7					
8					