AFT Product Registration Form

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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					