

# Product Registration



Thank you for purchasing an  
ActiveCare power mobility product!

Your ActiveCare product will provide you years of dependable service and mobility ease. To validate your product's warranty, you must complete this form and return it to ActiveCare Medical immediately.

*Please print or type.*

Your Name

Your Address

City

State

Zip

Phone Number

E-mail Address

(    )   -

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## Product Information

Model

Date Purchased

\_\_\_\_\_

/   /

Month

Day

Year

Serial Number

Dealer Purchased From

Dealer Address

City

State

Zip

Phone Number

(    )   -

[activecaremed.com](http://activecaremed.com)

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Place  
Stamp  
Here

**ActiveCare Medical Product Registration**

2 Harbison Way

Columbia, SC 29212

Fold Here----- Fold Here ----- Fold Here