

PRODUCT REGISTRATION | Fillmaster Systems

This form must be returned within 10 days of installation or warranty will not be valid

Company Store Number

Pharmacy Owner / Manager

Address

City State Zip

Phone Fax

Installation Date

Serial Number (refer to label on the back of the filtration system hood)

I certify that I have received the installation manual, including the warranty information and service guide.

Signature Date

Automatic Filter Ship Program

As an added value service we can provide automatic filter shipments on the yearly anniversary of your installation, and membrane shipments every other year. It is critical that filter changes are made at least once a year to maintain optimum performance and system integrity. Simply sign below and we'll take care of the rest.

Signature Date

Please return completed form within 10 days of installation to validate warranty via fax or mail to:

Fillmaster Systems
Customer Service Department
1725 Gillespie Way
El Cajon, CA 92020
Phone: (619) 596-9900
Fax: (619) 596-8700