

NTech Warranty Registration

You must fill out this card completely and return (by mail or fax) to NTech in order to validate warranty.

Company Name _____		email _____	
Street Address _____	City _____	State _____	Zip _____
Tel # _____	Fax # _____	Country _____	

Type of system purchase

- Single Boom System
- Double Boom System
- Add-on Kit for System Expansion
- Retrofit Kit for Row Conversion
- Row Crop System with/without Tank/Pump

System mounted on which type of equipment

- Tractor
- Gator
- ATV
- Mule
- Other _____

Type of crop or use

- Orchard type _____
- Row Crop type _____
- Vineyard
- Other _____

Purchaser

- | | |
|---|---|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> County | <input type="checkbox"/> State Government |
| <input type="checkbox"/> City | <input type="checkbox"/> Armed Forces (GSA) |
| <input type="checkbox"/> International | <input type="checkbox"/> Farm |
| <input type="checkbox"/> National Account | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Other _____ | |

Did you receive the Installation & Operation and Troubleshooting Manuals for this product?

- YES NO

Name of Dealer from whom you bought this product

Contact Person

How did you *first* become aware of this product?

- Dealer/Salesperson
- Trade Show
- Website
- Brochure
- Store Display/Demonstration
- Friend/Relative recommendation
- Other _____

Select three (3) most important factors influencing your purchase of this product

- Product Innovation
- Features
- Reliability
- Excellent Value
- Brand Name
- Reduction in Herbicide Usage
- Saving in Labor Hours
- Cost
- Latest Technology
- Other _____

Serial Numbers

Controller(s)

Sensor(s)

Valve Cartridge(s)

Date of Purchase
