

THERMAL- EYE PRODUCT Warranty Customer Record

Registered Owner/Agency/Company _____

Street Address _____

City _____ State _____ Zip _____

Contact Person _____

Purchased From _____

Purchase Date _____

Serial Number _____ Model No. _____

How many IR cameras do you own? _____ Do you plan to purchase additional units? _____

*****Please sign to verify that system was operating properly upon receipt*****

Customer Signature _____ Date _____

Installer's Signature (If applicable) _____ Date _____

Please fax this document to L-3 Communications Infrared Products at 972-528-1305.

