

Warranty Registration Card

Date_____ Phone_____

Name_____

Address_____

City_____

State_____ Zip_____

Email_____

Model_____ **Serial#**_____

Dealer_____

City_____

State_____ Zip_____

Sales Person_____

Installation Technician_____

Comments:_____

Please Tell Us About Your System:

Preamplifier_____

Speakers_____

Subs_____

Cables_____

Misc._____

Products Butler Audio should make:

Contact us anytime: www.butleraudio.com

Fold Here

Place
Stamp
Here

Butler AUDIO

Warranty Dept.
PO BOX 460572
Aurora, CO 80046-0572