accratech

# Linear/1 Warranty Registration Form

**Uninterruptible Power Systems**
**Designed for Medical Applications**

Accratech, Inc.
Suite 5 Door 75
N9246 Hwy 80 South
Necedah, WI 54646

Phone: 608.565.2136

Fax: 608.565.2284

**Accratech model number** _____

**Accratech serial number** | | | | | | | | | | | | | | | | |

*I agree that all products have been properly installed and grounded in accordance with the instructions received from Accratech.*

**Signature** _____

**Installation Date** _____ / _____ / _____

**Contact Person** _____

**Company** _____

**Type of Business** _____

**Street Address** _____

_____

**City** _____ **State** _____ **Zip** _____

**Country** _____

**Primary Telephone** _____ - _____ - _____

**Secondary Telephone** _____ - _____ - _____

**E-mail address** _____

**Additional models/serial numbers:**

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**Complete and fax or mail this form to activate your warranty.**