



SolarUS, Inc.  
Warranty Claims Department  
965 West Main Street  
Branford, CT 06405  
Phone (203) 208-3533  
Fax (203) 208-3531  
Warranty Registration Card

**OWNER**

First Names(s):

Last Name:

Address:

City:

State:

Zip code:

**SYSTEM**

**Solar Collector**

Model No.:

Serial No.:

**Tank**

Model No:

**Pump Station**

Model No:

Serial No:

**Controller**

Model No:

Serial No:

**INSTALLER**

Name:

Company/Retailer:

Address:

City:

State:

Zip Code:

Installation Date:

**ATTENTION!**

In order for your SolarUS warranty to be processed, you and your authorized SolarUS affiliate must complete ALL fields on this form.