



Alarm Warranty Registration Form

Date Installed: _____

End User Information:

Company Name: _____

Company Address: _____

City, State and Zip: _____

Country: _____

Type of Hazard Protected: _____

Fike Distributor Information:

Company Name: _____

Company Address: _____

City, State and Zip: _____

Country: _____

Fike Distributor Number: _____

Distributor Purchase Order Number: _____

Submitted By: _____

Telephone Number: _____

Email Address: _____

Please Note: A separate Warranty Form is required for Each Purchase Order #

Control Panels:

Type:

Serial Number(s):

Modules:

Type:

Serial Number(s):

Fike Manufactured Peripherals:

Type:

Serial Number(s):

