



## Warranty Registration Form

5 Year Limited Warranty

**This warranty must be completed in full at time of sale.**

All information must be provided to activate warranty.

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Purchase Information – Please Print Clearly
Purchase Date: ____/____/____
Dealer Name: _____
Dealer Address: _____ _____
Dealer Phone Number (____) ____ - _____

### Information

Have you been thoroughly briefed on operation and maintenance of your unit by the dealer? Yes \_\_\_\_ No \_\_\_\_

Has your dealer fully explained the importance of a good venting system for your personal safety? Yes \_\_\_\_ No \_\_\_\_

Has your installer checked the draft reading for your chimney with unit in operation? Yes \_\_\_\_ No \_\_\_\_

Draft reading in inches of water: \_\_\_\_\_

Was there a barometric damper installed on your chimney? Yes \_\_\_\_ NO \_\_\_\_

**THE ABOVE INFORMATION MUST BE COMPLETEED AND FORWARDED TO ALTERNATE HEATING SYSTEMS TO ACTIVATE THE OWNER'S WARRANTY. BUYER'S SIGNATURE ALSO VARIFIES THAT YOU UNDERSTAND HOW TO SAFELY INSTALL AND OPERATE YOUR LEGACY STOVE. BUYER'S SIGNATURE ALSO VERIFIES THAT YOU ARE LIABLE FOR THE SAFE INSTALLATION, OPERATION, AND MAINTENANC FROM THIS DATE FORTH.**

Buyer's Name: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Buyer's Signature: \_\_\_\_\_

Send to: Alternate Heating Systems, 2393 Little Egypt Road, Harrisonville PA 17228

Or Fax to: 717-987-0055 fax

www.legacystoves.com