



Warranty Registration Form

Sheila Stotts, Inc. is to provide stands behind our quality tools. When you receive your tools please complete the following information to register your tool and ensure prompt service.

(Please make a copy for your records)

Product Name _____ Item # _____

Name _____ Date of Purchase _____

Address _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-Mail _____

Business Name and Address _____

Signature _____ Date _____