

# Warranty Registration:

## Important Policy Statement - Global Sales

Stirling Ultracold products are used for a variety of critical applications in life science, pharmaceutical manufacturing, industrial testing and processing, and more.

*It is important that we maintain an accurate record of your product sales and installation so that we can notify you of upgrades, improvements, predictive performance, component recall or other events critical to your safety and the safety of your product and its application.*

## Warning

Failure to submit a Product Registration may result in delay or denial of Warranty coverage. For questions contact your authorized Stirling Ultracold Sale Representative or contact Stirling Ultracold direct.

## Instructions

- Please complete and return the Registration Form for our records.
- Required fields are marked by \* mark.

## Confidentiality

All responses are confidential. We do not sell information about our customers. In the event we select your product and installation for consideration in our Case History Database we will contact you personally to arrange for permission to publish or share.

## Follow-Up Contact/Newsletter

Stirling Ultracold reserves the right to contact you without notice of important information related to the safety and efficacy of your product.

Additionally, and only with your advance permission, Stirling Ultracold may contact you with news of new products, accessories or other offers of interest to you.

- YES, add me to your mailing list.
- NO, please do not add me to your mailing list.

## 1. Product Information

<b>Model: *</b>	Serial Number: * (on tag permanently affixed to product)	Month/Year Installed: _____
<input type="checkbox"/> Shuttle (ULT-25NE)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sales Representative/Dealer/Distributor: * _____ _____
<input type="checkbox"/> SU105UE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> SU780XLE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

## 2. About You

Name: * _____	Facility/Institution: _____
Professional Title: * _____	Facility Address: <input type="checkbox"/> Same as mailing address
Your Mailing Address: * _____ _____	_____
Email: * _____	Phone: * _____
Contact Preference: <input type="checkbox"/> Email <input type="checkbox"/> Phone	

## 3. Where Installed / Ultra Low Freezer Application

Facility/Institution/ Company: * _____	Building/Floor/Room Number: _____
Product Being Stored: _____	Preferred Setpoint Temperature: _____



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