



Product Registration Card

Please register your securement(s) to receive information should a recall affecting the unit(s) you have purchased be issued.

School District/Co. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Email address: _____

Contact Phone Number: _____

Date of Purchas: _____

Dealer/ Distributor: _____

Packing Slip or Invoice#: _____

Information requested below is located on the product label attached to the securement

Product Model Number: _____

Manufacture Date: _____ Qty Purchased: _____

BESI, Inc.
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