

Registration/Warranty Card

First Name Initial Last Name

Address (Number and Street) Apt.

City State Zip

Phone # Email

Date of Purchase ____/____/____ Place of Purchase _____
Month Day Year

Serial Number _____
Located on the bottom of the mast

Would you be interested in receiving information on special offers, discounts and new products from Limbinator Saws, LLC? Yes _____ No _____

**You can also register your Limbinator Saw online at www.LimbinatorSaws.com
Thank you for registering with Limbinator Saws.**

fold along dotted line and seal

Return address:

Place first class stamp here.
Post Office will not deliver without proper postage

Limbinator Saws, LLC
Limbinator Saws Registration
46235 East County Road 1510
Stratford, Oklahoma 74872