

WARRANTY REGISTRATION CARD

VV01025

YOU MUST RETURN THIS CARD TO BE ELIGIBLE FOR
PRODUCT SUPPORT AND PROGRAM UPDATES.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ PURCHASE DATE _____

PLACE PURCHASED _____

COMPUTER MAKE & MODEL _____ 48K 64K 128K

PRINTER _____ INTERFACE _____

INPUT DEVICE (brand) _____ (i.e. touch pad, light pen,
mouse, graphics tablet.)

HOW DID YOU HEAR ABOUT THIS PROGRAM?

STORE ADVERTISING IN _____

REASON FOR PURCHASING THIS PROGRAM?

HOME BUSINESS EDUCATION OTHER _____

SPECIAL OFFER TO REGISTERED OWNERS

BACK-UP DISK

You may purchase a back-up copy of your program by
sending this certificate along with your payment to
BAUDVILLE.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____

PAYMENT:

Check/Money Order

MasterCard

Visa

CARD NUMBER _____

EXPIRES _____

COST: \$5.00 (Plus \$1.50 for shipping & handling)

SIGNATURE _____

Enclose in envelope
and mail to:

BAUDVILLE 

1001 MEDICAL PARK DR., S.E.
GRAND RAPIDS, MICHIGAN 49506



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 5650 GRAND RAPIDS, MI

POSTAGE WILL BE PAID BY ADDRESSEE

BAUDVILLE

1001 Medical Park Dr., S.E.
Grand Rapids, Michigan 49506

