

# CANIK PRODUCT REGISTRATION

Customer Name

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Date of Purchase

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Phone Number

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Street Address

*No PO Boxes*

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City / State / Zip

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Email

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Model Number

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Serial Number *Please make a copy for yourself and have it available when making a followup call.*

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**PROOF OF PURCHASE REQUIRED.\***  
**INCLUDE COPY OF ORIGINAL RECEIPT OR INVOICE WITH DATE OF PURCHASE**

EMAIL OR MAIL COMPLETED FORM TO:

[support@centuryarms.com](mailto:support@centuryarms.com)