

CANIK PRODUCT REGISTRATION

Customer Name

Date of Purchase

Phone Number

Street Address

No PO Boxes

City / State / Zip

Email

Model Number

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

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

EMAIL OR MAIL COMPLETED FORM TO:

support@centuryarms.com

Century Arms
CANIK Product Registration
430 South Congress Ave, Suite 1A
Delray Beach, FL 33445