

Product Registration

**Customer Contact Information**

Customer Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**(No P.O. Box's Physical Address only.)**

Email Address: \_\_\_\_\_

Serial Number: \* \_\_\_\_\_ Model Number: \_\_\_\_\_

**\*Please make note of the serial number of your firearm and have it available when making follow up calls.**

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

Print, Fill out and Email

Completed Form to: [Support@centuryarms.com](mailto:Support@centuryarms.com)

Mail to:

Century Arms

TP9SFL Registration

430 South Congress Ave, Suite 1A

Delray Beach, FL 33445

**\*Century Arms does not sell or share any customer information.**