

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  
TP9SFx Registration  
430 South Congress Ave, Suite 1A  
Delray Beach, FL 33445

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