

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

Mail to: **Century Arms**

 TP9 Elite Combat Registration

 430 South Congress Ave, Suite 1A

 Delray Beach, FL 33445

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