



Boom Care Extended Warranty

1. Customer Name

Company _____

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Address 1 _____

Address 2 _____

City _____

State/Province _____ Zip/Postcode _____

Email _____

2. Reseller Name

Company _____

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Send the complete documentation to order@boomcollaboration.com

Questions? (888) 534-BOOM



Boom Care Extended Warranty

3. Product Information

Part number		Serial number	
Part number		Serial number	
Part number		Serial number	
Part number		Serial number	
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