

**\*PLEASE PRINT, FILL OUT AND PLACE IN BOX WITH YOUR TRU HONE\***

Name \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

**↑Place in box↑**

-----cut here-----

**↓Shipping label↓**

**TRU HONE CORPORATION**

**1721 N.E. 19<sup>th</sup> Avenue**

**Ocala, Florida 34470 USA**