

GeoSmart Warranty Registration Form

Owner Information

First Name :	<input type="text"/>	Last Name :	<input type="text"/>
Address:	<input type="text"/>		
City :	<input type="text"/>	Province/State :	<input type="text"/>
Phone Number :	<input type="text"/>	Email :	<input type="text"/>
How did you hear about GeoSmart :	<input type="text"/>		

GeoSmart System Details

System Installed by :	<input type="text"/>	System Start-up Date :	<input type="text"/>
Model Number :	<input type="text"/>	Serial Number :	<input type="text"/>
Type of Loop Installation :	<input type="text"/>	Type of Home (ie: bungalow, two-storey) :	<input type="text"/>
Size of Home (square feet) :	<input type="text"/>	New Home or Retrofit :	<input type="text"/>

Please fax to 1.866.533.3889

www.geosmartenergy.com