

SUPERCHARGER WARRANTY REGISTRATION FORM WITH OPTIONAL EXTENDED WARRANTY

Thank you for purchasing a Paxton Supercharger! You are now the proud owner of the best engineered, best performing, highest quality product available. In order to activate this limited warranty, you must return this Warranty Registration Form along with a copy of your original purchase receipt within 30 days of purchase.

This information will be required should your supercharger ever need warranty repair. If you have chosen to enroll in our Extended Warranty Program (optional of course, but we certainly recommend it) please complete the extended warranty section also.

1. Se	rial #: (See tag on supercharger unit): 2. Product purchase date:	
3. Name:		
	reet Address:	
	y:	
	one: 9. Fax:	
10. E	mail:	
12. H	lousehold income:	
A	1. Up to \$44,999 B. \$45,000 to \$59,999 C. \$60,000 to \$79,999 D. \$80,000 to \$99,999 E. \$100,000+	
13. ∨	ehicle year: 14. Vehicle make: 15. Vehicle Model:	
16. H	low is your supercharged vehicle used? (Circle all that apply):	
A	A. Driven Daily B. Weekends Only C. Street/Strip D. Race Only E. Towing F. Car Shows	
17. W	Vhat Paxton Automotive products did you purchase? (System/Unit:)	
18. N	lame of Dealer/Outlet where you purchased your supercharger:	
19. W	Where did you hear/learn about Paxton Automotive and its products? (circle one):	
A	A. Magazine ad B. Magazine article C. Friend D. Dealer E. Race/Car show F. Internet/Website	
20. \	What MOST influenced you to buy a Paxton Supercharger? (circle one):	
A	A. Magazine ad B. Magazine article C. Friend D. Dealer E. Race/Car show F. Internet/Website	
G	G. Company's reputation H. Racing success of Paxton products I. Other:	
21. W	Which brand was your second choice and why:	
22. D	oid you install the supercharger system yourself? (circle one): Yes No	
23. If	installed by dealer/distributor, did you receive the following? (circle items you received):	
A	A. Owner's manual B. Warranty registration information C. Installation manual D. Paxton Literature	
	low much do you spend on aftermarket products for your supercharged vehicle per year and who do you hese product from? \$ Purchase parts from	
25. A	re you a member of any of the following organizations? (circle all that apply): A. NHRA B. IHRA C. NMCA	
ь	SCCA E SCORE E NASCAR & NMRA H SAF I Other	

QUESTIONS?

Paxton Automotive Corporation • 1300 Beacon Place, Oxnard, CA 93033-9901 Tel: 805-487-3796 • Fax: 805-247-0669 • paxtonauto.com • 8:00 AM-4:30PM M-F (PST)

26. Please list any Internet Forums, Clubs or Newsgroups that you are a member of that relate to your v	/ehicle:
27. Please list the publications that relate to your vehicle that you read on a regular basis or subscribe	to:
28. How satisfied are you with the following (please use the following scale):	
(1) Completely Satisfied (2) Satisfied (3) Somewhat satisfied (4) Somewhat dissatisfied (5) Very dis	ssatisfie
The dealer/distributor/retailer from which you purchased your Paxton Product: (1) (2) (3) (4) (5)
Our sales/customer service/technical support line (if you called): (1) (2) (3) (4) (5)	
The overall quality and performance of the supercharger system/kit/unit: (1) (2) (3) (4) (5)	
OPTIONAL EXTENDED WARRANTY PROGRAM REGISTRATI	ON
I wish to enroll in Paxton's Extended Warranty Program at the special low rate of \$50. I understand that the Extended Warranty Program will provide me me with 24 additional months of coverage (beyond the Basic Lim Warranty period of 12 months). I have read and understand the Owner's Manual (#008574) and Installation	ited

Instructions which describe the proper care and installation of my Paxton Supercharger. I UNDERSTAND THAT I MUST NOT REMOVE/CHANGE MY SUPERCHARGER PULLEY OR DRIVE RATIOS FROM THE STANDARD FACTORY CONFIGURATIONS IN ANY WAY AND WILL NOT DO SO DURING THE ENTIRE EXTENDED WARRANTY PROGRAM

*There will be a \$15 service fee assessed for all returned checks and the Extended Warranty coverage WILL NOT commence until all fees are paid

I do not wish to take advantage of Paxton's Extended Warranty Program. By declining to participate, I acknowledge that my warranty coverage is limited to the Basic Limited Warranty of one year.

Money Order

Please mail this completed registration form, **copy of your original purchase receipt** (and your check, money order or credit card information if you checked "YES" above) to:

Paxton Automotive Corporation Warranty Registration Department 1300 Beacon Place Oxnard, CA 93033-9901

Payment Method:

Credit Card Number: ____

Name as it appears on the card:

Note: you must fill out the Supercharger Warranty Registration Form and mail it back to Paxton along with a copy of your original purchase receipt within 30 days from time of purchase so that we can activate your warranty.

QUESTIONS? Paxton Automotive Corporation • 1300 Beacon Place, Oxnard, CA 93033-9901
Tel: 805-487-3796 • Fax: 805-247-0669 • paxtonauto.com • 8:00 AM-4:30PM M-F (PST)

PERIOD. I have enclosed a copy of my original purchase receipt.

Check (enclosed)*

Mastercard

_____ Exp Date: _____ 3-Digit Code: ____

VISA