



PRODUCT REGISTRATION CARD
BlueConnect®

Please complete and return

Place Product
Identification
Sticker Label
Here

OWNER INFORMATION

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Today's date: ____/____/____
Phone: _____ E-Mail address: _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____ Mileage _____
VIN _____ Installation Date: ____/____/____
Installation facility: _____ Location: _____
Installer name: _____ Phone: (____) _____ - _____

SF-1525 REV 8-12-05



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VEHICLE INFORMATION

Year _____ Make _____ Model _____ Mileage _____
VIN _____ Installation Date: ____/____/____
Dealer or Installation facility: _____ Location: _____
Installer name: _____ Phone: (____) _____ - _____

SF-1525 REV 8-12-05

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