

Powapal
23charville lane
Hayes
Middlesex
Ub4 8pq

OBJECT: RECORD OF PURCHASE FORM / WARRANTY REGISTRATION

Must be returned to obtain your warranty

The enclosed 12 month warranty for our POWAPAL product is as strong and effective as we can make it

We would appreciate your returning this record of purchase so we will be able to assist you with any questions or problems in the use of our POWAPAL product. Our desire is to constantly improve our products and service to you. We request that you answer as many questions as possible

Thank you
Peter Lawler

POWAPAL
Tel: 07956 970114
Office Tel: 0208 845 6829
Email: powapal@gmail.com
Website: www.powapal.co.uk

Please Detach Here

IMPORTANT: RECORD OF PURCHASE

NAME _____ DATE PURCHASED _____

ADDRESS _____

CITY _____ TOWN _____ POST CODE _____

1. PURCHASER MAN WOMAN

2. AGE OF USER _____

3. NAME OF STORE WHERE PURCHASED _____

5. AMOUNT PAID £ _____

6. WHAT POWAPAL PRODUCT DID YOU PURCHASE MK1 OR MK2

7. DOES THE PRODUCT MEET YOUR EXPECTATIONS YES OR NO

8. WOULD YOU RECOMMEND POWAPAL TO OTHERS _____

9. ANY COMMENTS _____

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