



AUDIO PRODUCT WARRANTY & LIFE TIME EXTENDED WARRANTY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

Installers name: _____ Installers Phone: _____

CDT Speaker model(s) _____ Date of purchase: _____

Make, model of your vehicle: _____

Amp model and power rating: _____ Crossover frequency setting: _____

System gained and tuned by: _____

Your installed system design: _____

Describe other items in your system: _____

If you wish to use a credit card to purchase the "Lifetime Extended Warranty" please complete the information below.



Name (If different than above): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Card Type: _____ Card Number: _____ Exp. Date: _____

Security Numbers (Back of card): _____

I authorize CDT Audio Inc. to charge my credit card in the amount of \$ _____

For the _____ (System Model) CDT Audio "Lifetime Extended Warranty"

Signature: _____ Date: _____