## Pizzamaster® Warranty Activation Form

Customer Information		Business Name: [			
Contact:		Addres	s: [		
Telephone:		🗌 Suite, ເ	ınit, floor: [		
Cell Phone:		City:		State:	Zip:
Date:		Email:			
Installer Inform	nation	Install (	Company:		
Contact:		Address:			
Telephone:			init, floor:		
Cell phone:		City:	, ,	State:	Zip:
Install date:		Email:			
Certified Deale Sales Rep: Telephone: Cell Phone:	r Information	Addres	ss Name: [s: [unit, floor: [	State:	Zip:
Oven Informati	ion				
Model Number Purchase Date:	:	Serial N	lumber: 🗌		
To be checked	by installer				
See Owner's n	nanual and electric schem	natic for add	ditional info	rmation	
Mechanical installation: $\square$		Electrical installation: $\square$			
Water installation (if steam oven): $\Box$		Evacuation:			



Fill in form and send to service@pizzamasterovens.com