

COMPREHENSIVE WARRANTY

ONLINE WARRANTY REGISTRATION REGISTRATION CARD

NAME

ADDRESS

EMAIL ADDRESS

CITY STATE POST CODE

DATE OF PURCHASE

DEALER'S NAME

DEALER'S ADDRESS

- The machine I have purchased is an *Infiti*
Model #
- How often do you expect to use this machine?
 Daily Weekly
 Occaionally Other
- What are your goals?
Weight Loss Fitness
Strength General wellbeing
- Had you heard of the *Infiniti* brand before you went to purchase Yes No
- What influenced you to choose this exerciser?
Price Someones recommendation
Perceived quality
- Male Female
- Your age: 18-24 25-35 35-55 Over 55