



Warranty Registration Form

Customer Information

Mr Ms Mrs Date: _____
 Name: _____
 Email: _____
 Phone: (____) _____ Cell Phone: (____) _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____

Machine Information

Innova Longarm Quilting System

Serial Number: _____
 Machine Size: 18 22 26 32
 Pro-Frame: 8' 10' 12' Other: _____
 Stitch Regulation: Non-Regulated Standard Lightning

Innova Sit Down Model

Desk Style: Wood Utility White
 Stitch Regulation: Non-Regulated Standard Lightning

Software Systems

Software: Auto Pilot Navigator Pantovision
 Machine System Innova Other: _____

Options

Check Options:

E-Cording Power Feed Electric Lift Table Cross-Hatch
 Light Bar without Lights Light Bar with Lights Electric Channel Locks
 Thread-Break Sensor

Purchase Information

Date of Purchase: _____
 Dealer Show Factory Internet Used From
 Details: _____

Please return a copy of this form to ABM International, Inc in any one of the following ways:

Scan or Email a copy to: contact@abminternational.com

Mail a copy to: ABM International, Inc. P.O. Box 1820 Montgomery, Texas 77356-1820