## **IMPORTANT REGISTER YOUR PRODUCT NOW.**

## Please register by mail or fax (303) 410-1562. Thank you for your purchase.

This information will be used by Intelagard, Inc. for internal purposes and quality improvement only. It will not be sold or given to any outside sources.

REQUIRED INFORMATION	<b>OPTIONAL INFORMATION:</b> To help us bet	
☐ Mr. ☐ Mrs. ☐ Ms. Title:	you, please take a moment to answer these ques	
First Name:	1. Which category/application best describes	
	01. Commercial 02. Fire department	
Last Name:	03. First responder (other than fire fight	
Last Name.	04. Governmental agency	
	05. Hazmat 06. Industrial	
Company Name:	07. Military	
	08. Property owner	
	09. Security	
	10.	
Address	J 2	
Address:	2. Check the influencing factors regarding	
	your purchase:	
	01. Diminishing water resources	
	02. Conversion to foam	
City:	03. Drafting capabilities	
	04. Multi-use capabilites 05. Multiple foam use capabilities	
	06. Increased security	
State/Province: Zip/Postal Code:	07. Self-contained capacity	
	08. Insurance recommendation	
Country:	<ul><li>Under the state of the</li></ul>	
	11. Performance	
	12. Lack of other protection	
Phone: Fax:	13.  Other:	
	1	
Email Address (optional): Email information is secure and confidential.	-	
	02. HAZMAT control/cleanup	
World on the terrain region and the information of West or No.	03. Biochemical or chemical agent	
Would you like to receive ongoing product information?   Yes   No	_	
PRODUCT INFORMATION	05. Structure/property protection	
Product Serial Number:	Fax:    Onal/): Email information is secure and confidential.   O1.   Fire suppression/protection	
Trouble Sortal Names.		
Product Name:	4. How did you first hear about this product?	
	01. Trade show	
	02. Advertisement	
Purchased From:	03. Insurance 04. Previous experience	
	05. Demonstration/training	
Location (City and Country):	06. Salesperson 07. Recommendation of friend/associa	
	08. Media; please specify:	
	J = =	
Date Purchased:	09.  Other:	
	5. Did you purchase other products with this o	
COMMENTS	01. Accessories 02. Nozzles	
How are we doing? Please provide comments on Intelagard products and/or service. If you have a question that requires a		
response, please email info@intelagard.com.	DeconOther	
	04. Air cylinder(s)	
	_	

## **MINTELAGARD**

PRODUCT REGISTRATION AND WARRANTY CARD

1.	Which c	ategory/application best describes you?
	01. 🗆	Commercial
		Fire department
		First responder (other than fire fighting)
		Governmental agency
	•	Hazmat
		Industrial
		Military
		Property owner
	=	Security
		Training
	11.	Other:
	11.	Oulet
2.	Check th	e influencing factors regarding
	_	Diminishing water resources
	_	Conversion to foam
		Drafting capabilities
		Multi-use capabilites
		Multiple foam use capabilities
	06.	Increased security
		Self-contained capacity
		Insurance recommendation
	09.	Water expansion capabilities
		Ease of use
		Performance
		Lack of other protection
	13.	Other:
	10.	other.
3.	Check th	e uses for which you will be luct:
	01.	Fire suppression/protection
	02.	HAZMAT control/cleanup
		Biochemical or chemical agent
		decontamination
		Vapor suppression/fuel spills
		Structure/property protection
		Rapid response
	07.	Mop up and overhaul
	08.	Other:
4	. How di	d you first hear about this product?
	01. 🔲	Trade show
	02.	Advertisement
	03.	Insurance
	04.	Previous experience
	05.	Demonstration/training
	06.	Salesperson
	07.	Recommendation of friend/associate
	08.	Media; please specify:
	09. 🗌	Other:
5.	Did you	purchase other products with this one?
	01.	Accessories
	02.	Nozzles
	03.	Foam:AAFFFProteinDeconOther
	04.	DeconOther Air cylinder(s)