

MH IP Owner Registration...Please fill out and return to MH.

Date of Purchase: _____ Invoice Number: _____

Purchased From: _____

Your Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____ Telephone: _____

E-Mail: _____

Cylinder # _____ BLT# _____

Distributor Serial Numbers (1) _____ (2) _____ (3) _____ (4) _____

IPR # _____ Control Head# _____

Other Information: _____

51000-0006-00

Stamp

**MH Equipment and Supply Company
Warranty Department
2244 SE Airport Way Suite 100
Redmond OR 97756-7537**

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