

PLACE  
POSTAGE  
HERE

The X Rocker  
1040 Higgs Road  
Lewisburg, TN 37091



**Warranty Registration Card**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Birthdate \_\_\_\_\_  Male  Female

Product Number \_\_\_\_\_

Purchase Date \_\_\_\_\_ Place of Purchase \_\_\_\_\_