

# Product Registration

* TITLE	<input type="text"/>	Mr / Mrs / Miss / Ms / Dr / Rev / Rt Hon
* FORENAME	<input type="text"/>	
* SURNAME	<input type="text"/>	
* E-MAIL	<input type="text"/>	
ADDRESS 1	<input type="text"/>	
ADDRESS 2	<input type="text"/>	
TOWN / CITY	<input type="text"/>	
* COUNTY	<input type="text"/>	
POSTCODE	<input type="text"/>	
PHONE (DAY)	<input type="text"/>	
MOBILE	<input type="text"/>	
DATE OF BIRTH	<input type="text"/>	dd-mm-yyyy
* PRODUCT	<input type="text"/>	
SERIAL NUMBER	<input type="text"/>	
* PURCHASE DATE (dd-mm-yyyy)	<input type="text"/>	
* PRIMARY USE OF THE PRODUCT IF OTHER, PLEASE STATE	<input type="text"/>	
* Dealer/Shop where you purchased	<input type="text"/>	
SALESPERSON	<input type="text"/>	
* HAVE YOU BOUGHT FROM US BEFORE?	<input type="text"/>	YES / NO