



Product Registration Card

Please complete and return the information below via fax within 30 days of purchase to register your equipment purchase and to ensure that your warranty is in place and up to date. A registration card must be completed and returned for each item purchased.

We thank you for choosing Champion Rescue Tools!

Contact Name (First,Last) _____
Company _____
Street Address _____
City _____ State _____ Zip _____
Phone (____) _____ Fax(____) _____
Email _____

Failure to submit a completed Registration Card could potentially delay future service turn around times, or generate charges for items that are normally covered under your warranty.

Item Purchased: Serial/Number
c BEAST Multi-Tool - Serial Number: _____ c 6.5HP Power Unit - Serial Number: _____
c Guillotine Cutter - Serial Number: _____ c 3.0HP Power Unit - Serial Number: _____
c Ram - Serial Number: _____ c 9.0HP Power Unit - Serial Number: _____
c Mini Spreader - Serial Number: _____ c 5.0HP Electric Power Unit - Serial Number: _____
c Large Spreader - Serial Number: _____ c Other: _____ - Serial Number: _____

Do you use other hydraulic rescue tools in addition to the Champion Tools you just purchased? c Yes c No

If yes, what tools? c Cutter(s) c Spreader(s) c Combination Tool(s) c Power Unit(s) c Rams c Other _____

What brand(s)? c Champion c Holmatro c Hurst/Jaws of Life c Hurst/Centaur c Lukas c Weber
c Amkus c TNT c Phoenix c Power Hawk c Genesis c Other _____

How old are they? c New c Less Than 1 Year Old c 1-2 Years Old c 2-5 Years Old c More Than 5 Years Old

How many locations does your department have? c 1 c 2 c 3 c 4 c 5-10 c 11-20 c 20+

How many rescue vehicles? c 1 c 2 c 3 c 4 c 5-10 c 11-20 c 20+

Approximately how many rescue team members? c 1 c 2 c 3 c 4 c 5-10 c 11-20 c 20+

Who is the decision maker re: purchasing rescue tools? c Committee c Chair/Individual: _____

What features do you feel are most important when selecting rescue tools? (Please Rank in Priority Order - With "1" Being Most Important + "10" Being Least Important - Use each number only once)
___ Cost ___ Reliability ___ Power ___ Warranty ___ Serviceability ___ Product Features ___ Ease of Use ___ Speed/Ease of Changing Tools
___ Training ___ Tech Support ___ Ability to Handle New Cars ___ Other: _____

How many vehicle extrications would you estimate your department performs each year? c Less Than 10 c 11-25 c 26-50 c 51-100 c 100+

Does your department participate in extrication competitions? c Yes c No

If yes, have you won any recent competitions? c No c Yes If yes, please list event(s): _____

What is the most common activity you perform with your hydraulic rescue tools? (Please rank each on a scale of 1-10, with "1" being most common and "10" being least common)

Ranking (Circle One Number for Each)

Table with 10 columns: Activity, Most Common, Average, Least Common. Rows include Cutting/Spreading Hinges/Nader Pins, Cutting Door Posts, Dash Roll, Cutting Steering Column, Cutting Pedals, Three Door, Cutting/Spreading Open a Trunk, Cutting/Spreading Open a Hood, Cutting a Frame Rail, Crushing a Fender, Roof Flap/Removal, Pinching, USAR Applications.

Your information will be kept confidential, and used solely for helping us to produce more valuable and useful tools and training materials for the fire rescue and first responder markets.

Champion will always protect your privacy and as such, we never share your personal information with any third party companies. We will never rent or trade your name for marketing purposes.

How much money do you spend on rescue tool maintenance per year (i.e. broken blades, replacement parts, labor, etc.)?
c Under \$1000/yr. c \$1000 - \$5000/yr. c \$5,000-\$10,000/yr. c \$10,000-\$25,000/yr. c \$26,000-\$50,000/yr. c \$51,000-\$100,000/yr. c Over \$100,000/yr.

Do you have a full time staff dedicated to maintaining your equipment? c No c Yes If yes, how many people: _____ Manager's Name _____

Would you consider demonstrating your Champion tools to other departments in exchange for credit towards additional tool purchases? c No c Yes

Would you take advantage of any of the following payment options on future purchases? (check all that apply)

c Credit Card c Debit Card c Municipal Lease c Extended Payment Terms c Trade-In Credit c Grant

PLEASE FAX COMPLETED FORM TO (909) 982-0050 ATTN. WARRANTY DEPARTMENT. THANK YOU.

DO NOT WRITE BELOW THIS LINE - FOR COMPANY USE ONLY

Date Received: ___/___/___
Received By: _____
Validation Complete: c Yes By: _____
File Copy Attached: c Yes By: _____
Notes: _____