## EXCEL PREMIER

FORM!

CIGARETTE MACHINE

## DNE TIME LIMITED YEAR, ONE WARRANT

Republic Tobacco L.P. (the "Company") warrants your Supermatic® Excel Cigarette Machine (the "Machine") against defects in material and workmanship for a period of one (1) year from the date of purchase (the "Purchase Date"). This Warranty is available one time and is made to the original consumer purchaser or any person receiving the Machine as a gift from the original consumer purchaser (and to no other purchaser or transferee) and is expressly limited to repair or replacement of defective parts or materials as determined appropriate by the Company in its sole discretion.

The instructions for use in the Owner's Manual are conditions of this Warranty and are incorporated herein, and any failure to follow the directions makes this Warranty null and void. This Warranty does not extend to damage or defects caused by customer misuse, abuse, negligence, accident, assembly, disassembly, intentional damage, or product modifications. This Warranty is also subject to the Return Procedure described on the Warranty Registration Card and in the Owner's Manual.

SEE ADDITIONAL WARRANTY INFORMATION, INCLUDING LIMITATIONS, IN OWNER'S MANUAL

Warranty Registration #:

PLACE STICKER HERE

Glenview, IL 60025

	UNE YEAR,	PLEASE PRINT CLEARLY	EIUKN SLIP	
PREMIER CIGARETTE MACHINE	Warranty Registration #:	Please send your machine <u>with</u> US\$12.50 for return shipping 6 your one time repair/replacement, along with <b>a copy</b> of your va	with US\$12.50 for return shipping & handling in the U.S. for	
WE CANNOT SHIP TO A P.O. BOX PLEASE - NO P.O.S	PLACE STICKER HERE	PREMIER® Repair Service Center Republic Tobacco L.P. 2301 Ravine Way Glenview, IL 60025  PROOF OF AG ICOPY OF VALID DRIVER		
month day year		T: (855)-RY0-HELP (796-4357) F: (847)-832-0246 Email: premier@ryoservice.com Web: www.ryoservice.com	UCENSE/LEGAL ID) WITH THIS FORM!	
First Name		PAYMENT METHODS FOR SHIPPING AND HANDLING: US Please make check/money order payable to <i>Republic</i>	- ,	
Last Name		Major Credit Cards Accepted:		
Address		Name (as it appears on card):		
Address (cont)	Apt./Unit#	Card#:	Exp. Date:	
City	State Zip	St	ecurity Code:	
		<b>Billing Address:</b> same as shipping address	(back of card)	
Email				
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Reason for Return:	Phone Number	City Sta	te Zip	
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WARRANTY	<b>REGISTRATION C</b>	ARD		CIGARETTE MACHINE	
	PLEASE PRINT CLEARLY				
				Warranty Registration #:	
			PREMIER EXCEL	PLACE STICKER HERE	
irst Name			PREMIEK 1971	PLACE STICKER HERE	
ast Name				REGISTERED WITHIN 30 DAYS OF PURCHASE	
				AND SERVICE AGREEMENT TO BE VALID AND A COPY OF THE RECEIPT.	
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ity	State	Zip	Purchased at (Store Name)		
mail			Purchased in (City & State)		
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YOU MUST INCLUDE	Phone Number		710		
DROOF OF ACE					
ICOPY OF VAIID DRIVER'S					
WITH THIS P I BOY 98					
FORM! RETURN THIS PORTION TO: Glanview II 600.25					