

Electric King Size &100MM Cigarette Machine



## ONE LIMITED

Republic Tobacco L.P. (the "Company") warrants your POWEROLL™ 2 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

Electric King Size & 100MM Cigarette Machine

WE CANNOT SHIP TO A P.O. BOX PLEASE - NO P.O.S

## ONE YEAR, ONE TIME LIMITED WARRANTY RETURN SLIP

PLEASE PRINT CLEARLY

Please send your machine <u>with</u> US\$12.50 for return shipping & handling in the U.S. for your one time repair/replacement, along with a **copy** of your valid driver's license/legal ID:

## POWEROLL™ 2 Repair Service Center Republic Tobacco L.P.

2301 Ravine Way Glenview, IL 60025

MUST INCLUDE PROOF OF AGE WITH THIS FORM!

T: (855)-RYO-HELP (796-4357) F: (847)-832-0246 Email: poweroll@ryoservice.com Web: www.ryoservice.com

PAYMENT METHODS FOR SHIPPING AND HANDLING: US\$12.50 Please make check/money order payable to Republic Tobacco L.P.

|   | nount<br>iclosed U | S\$        |
|---|--------------------|------------|
| Name (as it appears on card):                     |                    |            |
| Card#:  |                    | Exp. Date: |
| end   |                    |            |
| <b>Billing Address:</b> same as shipping address: | Security<br>(back  | Code:      |
|   |                    |            |
|   |                    |            |
|   |                    |            |
| Address   |                    | Apt./Unit# |
| Address   |                    | Apt./Unit# |

## First Name Last Name Address Address (cont) Apt./Unit# City Email Phone Number Reason for Return:

(continue on back)

Warranty Registration #:

PLACE STICKER HERE

| WARRANTY REGISTRATION | CABD |
|-----------------------|------|

PLEASE PRINT CLEARLY

| F: . N         |            |       |            |  |  |  |
|----------------|------------|-------|------------|--|--|--|
| First Name     |            |       |            |  |  |  |
|                |            |       |            |  |  |  |
| Last Name      |            |       |            |  |  |  |
|                |            |       |            |  |  |  |
| Address        |            |       |            |  |  |  |
|                |            |       |            |  |  |  |
|                |            |       |            |  |  |  |
| Address (cont) |            |       | Apt./Unit# |  |  |  |
|                |            |       |            |  |  |  |
| City           |            | Ctata | 7in        |  |  |  |
| City           |            | State | Zip        |  |  |  |
|                |            |       |            |  |  |  |
| Email          |            |       |            |  |  |  |
|                |            | -     | ]-[        |  |  |  |
| YOU            | Phone Numl | her   |            |  |  |  |





Warranty Registration #:

Signature: \_

PLACE STICKER HERE



PRODUCT MUST BE REGISTERED WITHIN 30 DAYS OF PURCHASE FOR WARRANTY AND SERVICE AGREEMENT TO BE VALID AND MUST INCLUDE A COPY OF THE RECEIPT. U.S. AND CANADA ONLY.

| Purchased at (Store Name)   |  |                     |  |  |  |  |  |  |  |   |  |  |   |  |  |  |
|-----------------------------|--|---------------------|--|--|--|--|--|--|--|---|--|--|---|--|--|--|
|                             |  |                     |  |  |  |  |  |  |  |   |  |  |   |  |  |  |
| Purchased in (City & State) |  |                     |  |  |  |  |  |  |  |   |  |  |   |  |  |  |
|                             |  |                     |  |  |  |  |  |  |  | / |  |  | / |  |  |  |
| 7IP                         |  | Purchased on (Date) |  |  |  |  |  |  |  |   |  |  |   |  |  |  |

MUST INCLUDE **PROOF OF AGE** WITH THIS FORM!





TO ACTIVATE LIMITED WARRANTY **RETURN THIS PORTION TO:** 

Republic Tobacco L.P. P.O. Box 98 Glenview, IL 60025