# TOP-O-MATIC

## CIGARETTE MACHINE

#### LIMITED TIME ONE

Republic Tobacco L.P. (the "Company") warrants your TOP-O-MATIC® T2® 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

YOU

MUST INCLUDE PROOF OF AGE

> WITH THIS FORM!

Apt./Unit#

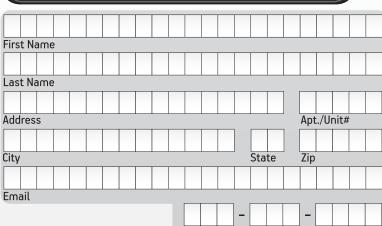
#### ONE YEAR, ONE TIME LIMITED WARRANTY RETURN SLIP

OP-O-MATIC PLEASE PRINT CLEARLY Please send your machine with US\$12.50 for return shipping and handling in the U.S. for Warranty Registration #: your one time repair/replacement, along with a copy of your valid driver's license/legal ID (must show proof of age of 21 years or older) to the following: PLACE STICKER HERE T2® Repair Service Center Republic Tobacco L.P. 2301 Ravine Way Glenview, IL 60025 Toll-Free: 1-855-T0P0MAT (867-6628) Fax: 1-847-832-0246 Email: T2@rpbtob.com First Name Shipping and Handling: US\$12.50 **PAYMENT METHODS:** Last Name Please make check/money order payable to Republic Tobacco L.P. Money Order Check Credit Card Address Apt./Unit# Major Credit Cards Accepted: Amount Enclosed US\$ VISA (Mastercard Card #: Exp. Date: Email **Billing Address:** same as shipping address Security Code: Reason for Return: Address State

(continue on back) Signature: \_

#### WARRANTY REGISTRATION CARD

PLEASE PRINT CLEARLY



YOU **MUST INCLUDE PROOF OF AGE** COPY OF VALID DRIVER'S



FORM!





### OP-O-MATIC

Warranty Registration #:

PLACE STICKER HERE



Purchased at (Store Name)

Purchased in (City & State)



ZIP

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

Purchased on (Date)