## LIMITED

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

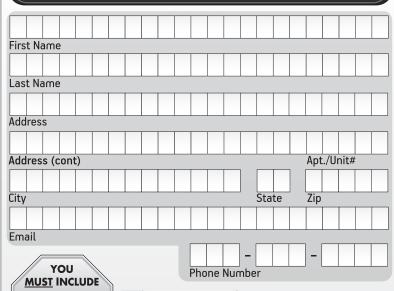
SEE ADDITIONAL WARRANTY INFORMATION, INCLUDING LIMITATIONS, IN OWNER'S MANUAL

Warranty Registration #:

PLACE STICKER HERE

		)NE YEAR, C	ONE TIME LIMITED WARRAN	TY RETURN SLIP
TOP TOP-O-MATIC*	Warranty Regi	stration #:	PLEASE PRINT CLEARLY  Please send your machine <u>with</u> US\$12.50 for return sl your one time repair/replacement, along with <b>a copy</b> o	hipping & handling in the U.S. for f your valid driver's license/legal ID:
WE CANNOT SHIP TO A P.O. BOX PLEASE - NO P.O.S	PLACE STICKE		TOP-O-MATIC® Repair Service Center Republic Tobacco L.P. 2301 Ravine Way Glenview, IL 60025	YOU MUST INCLUDE PROOF OF AGE ICOPY OF VALID DRIVERS
month day year First Name			T: (855)-RYO-HELP (796-4357) F: (847)-832- Email: topomatic@ryoservice.com Web: www.ryoservice.com	
Last Name			PAYMENT METHODS FOR SHIPPING AND HANDLE Please make check/money order payable to <i>Re</i> Major Credit Cards Accepted:  VISA  PISCOVER  PIS	
Address				Eliciosed 033
Address (cont)		Apt./Unit#	Name (as it appears on card):  Card#:	Exp. Date:
City	State	Zip		Security Code:
			<b>Billing Address:</b> same as shipping addr	(back of card)
Email				
		1_	Address	Apt./Unit#
Reason for Return:	one Number			
Todoon for Notalli.			City	State Zip
		(continue on back)	Signature:	month day / war

## WARRANTY REGISTRATION CARD





Warranty Registration #:

PLACE STICKER HERE



Purchased at (Store Name)																	
Puro	chas	ed i	n (C	ity 8	₹ St	ate)	)										
7IP								Purchased on (Date)									

**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