



## Warranty Registration Certificate

To validate your ONE-YEAR, LIMITED WARRANTY, complete this portion and return it to:  
Franchi USA, Warranty Records, 17603 Indian Head Highway, Accokeek, MD 20607-2501:

### Please Print or Type

Model Number
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Serial Number
---------------

Purchase Date
---------------

#### **PURCHASER'S NAME AND ADDRESS:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (with area code) \_\_\_\_\_

Email \_\_\_\_\_

#### **WARRANTY ASSIGNED TO (if different than purchaser):**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (with area code) \_\_\_\_\_

Email \_\_\_\_\_

#### **DEALER'S NAME AND ADDRESS (stamp may be used):**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (with area code) \_\_\_\_\_

Email \_\_\_\_\_

# Franchi Warranty Registration

Your answers to the following questions will assist us to better serve you.

A. Type of store where this firearm was purchased:

- |   |   |
|---|---|
| <input type="checkbox"/> Gun Shop             | <input type="checkbox"/> Hardware Store |
| <input type="checkbox"/> Outdoor Outfitter    | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Sporting Goods Store |   |

B. Primary use for this firearm:

- |   |  |
|---|--|
| <input type="checkbox"/> Hunting        | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Home Defense   | <input type="checkbox"/> Target          |
| <input type="checkbox"/> Sporting Clays | <input type="checkbox"/> Collector       |

C. What made you choose this firearm?

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Reputation     | <input type="checkbox"/> Features    |
| <input type="checkbox"/> Advertising    | <input type="checkbox"/> Warranty    |
| <input type="checkbox"/> Performance    | <input type="checkbox"/> Price       |
| <input type="checkbox"/> Recommendation | <input type="checkbox"/> Other _____ |

D. Do you own other Franchi firearms?

- |                              |                            |
|------------------------------|----------------------------|
| <input type="checkbox"/> Yes | If yes, what models? _____ |
| <input type="checkbox"/> No  |                            |

E. Is there another Franchi firearm model you would like to own?

- |                              |                            |
|------------------------------|----------------------------|
| <input type="checkbox"/> Yes | If yes, what models? _____ |
| <input type="checkbox"/> No  |                            |

F. Would you recommend a Franchi product to others?

- |                              |                       |
|------------------------------|-----------------------|
| <input type="checkbox"/> Yes |                       |
| <input type="checkbox"/> No  | If no, why not? _____ |

G. Which firearms/outdoor magazines do you read?

- |  |  |
|--|--|
| <input type="checkbox"/> American Hunter     | <input type="checkbox"/> Turkey Call       |
| <input type="checkbox"/> Ducks Unlimited     | <input type="checkbox"/> Ruffed Grouse     |
| <input type="checkbox"/> Pheasants Forever   | <input type="checkbox"/> Sporting Classics |
| <input type="checkbox"/> Deer & Deer Hunting | <input type="checkbox"/> Quail Unlimited   |
| <input type="checkbox"/> American Rifleman   | <input type="checkbox"/> Others _____      |

H. Which group best describes your annual household income?

- |  |  |
|--|--|
| <input type="checkbox"/> Under \$10,000      | <input type="checkbox"/> \$40,000 – \$49,999 |
| <input type="checkbox"/> \$10,000 – \$19,999 | <input type="checkbox"/> \$50,000 – \$74,999 |
| <input type="checkbox"/> \$20,000 – \$29,999 | <input type="checkbox"/> \$75,000 – \$99,999 |
| <input type="checkbox"/> \$30,000 – \$39,999 | <input type="checkbox"/> \$100,000 or more   |

# Franchi Warranty Registration

I. What is your age group?

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 18 - 21 | <input type="checkbox"/> 36 - 40 |
| <input type="checkbox"/> 22 - 25 | <input type="checkbox"/> 41 - 45 |
| <input type="checkbox"/> 26 - 30 | <input type="checkbox"/> 46 - 50 |
| <input type="checkbox"/> 31 - 35 | <input type="checkbox"/> Over 50 |

J. You are:

- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

K. Your employment:

- |   |   |
|---|---|
| <input type="checkbox"/> Professional/Technical | <input type="checkbox"/> Police/Law Enforcement |
| <input type="checkbox"/> Management             | <input type="checkbox"/> Retired                |
| <input type="checkbox"/> Farm/Agriculture       | <input type="checkbox"/> Sales/Service          |
| <input type="checkbox"/> Student                | <input type="checkbox"/> Military               |
| <input type="checkbox"/> Craftsman              | <input type="checkbox"/> Clerical               |
| <input type="checkbox"/> Physician/Dentist      | <input type="checkbox"/> Other _____            |

L. Your education:

- |   |  |
|---|--|
| <input type="checkbox"/> Grade School         | <input type="checkbox"/> Associate's Degree            |
| <input type="checkbox"/> Attended High School | <input type="checkbox"/> Bachelor's Degree             |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Post Graduate/Advanced Degree |
| <input type="checkbox"/> Attended College     |  |

***Please return this portion***

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**BUYER RETAIN THIS PORTION FOR YOUR RECORDS**

## WARRANTY REGISTRATION CERTIFICATE

Model Number	Serial Number	Place Purchased	Purchase Date

**NOTE:** All shipments returning a firearm to the owner will include a c.o.d. charge for shipping, handling, and insurance. For more information contact the **Stoeger Industries Customer Service Staff** at (301) 283-6981.

**ALL FIREARMS MUST SHIP TO:**

**Stoeger Industries**  
Attn.: Service Dept.  
901 Eighth Street  
Pocomoke, MD 21851

