

Republic Tobacco L.P. (the "Company") warrants your TubeCut[™] Cigarette Making 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

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

TUBECUT" ONE-TIME, ONE-YEAR LIMITED WARRANTY

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Warranty Reg	gistration #:		Please include vour m	achine and US\$12.50 for r	eturn shipping and
PLACE STICKER HERE			handling in the U.S. for your one-time 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 f		
Date			TubeCut [™] Repair Republic Tobacco 2301 Ravine Way		YOU MUST INCLUDE
Name			Glenview, IL 60025		PROOF OF AGE (COPY OF VALID DRIVER'S LICENSE/LEGAL ID)
Address			Fax: 1-847-832-97 Email: tubecut@rp	• •	WITH THIS FORM!
			Shipping and Handling: US\$12.50		
City	State	Zip	□ Check	noney order payable to <i>Re</i> Money Order	
Daytime Contact Number			Major Credit Cards Accepted: Major Credit Cards Accepted: Major Credit Cards Accepted: Amount Enclosed US\$ Name (as it appears on card):		
Detailed Reason for Return:					
			, , ,	,	
			•	Exp. Date:Security Code:Security Code:	
			•		
			City:	State:	Zıp:
			 _	TUBE	
WARRAN'	TY REGISTRATION	N CARD		PPE GUT M	
	(Please print clearly)				
			Warranty Registration #:		

Name Address

City Zip State

Email Address

YOU <u>IUST</u> INCLUDE ROOF OF AGE WITH THIS FORM!

You must be 21 years or older to register.

PLACE STICKER HERE

PRODUCT MUST BE REGISTERED WITHIN 30 DAYS OF PURCHASE FOR WARRANTY AND SERVICE AGREEMENT TO BE VALID AND MUST INCLUDE PROOF OF PURCHASE (RECEIPT FROM STORE).

Purchased at (Name of Store)

Purchase City and State

Purchase Date

TO ACTIVATE LIMITED WARRANTY RETURN THIS PORTION TO: Republic Tobacco L.P., P.O. Box 98, Glenview, IL 60025