



# WARRANTY REGISTRATION

Thank you for purchasing the eXact® Photometer advanced photometer. Please supply the following information to register your meter and inform you of future product and testing updates.

First Name:*		Last Name:*	
Mailing Address:			
City:		State/Province:	
Zip Code:		Country:	
E-mail:*		Phone Number:	
eXact® Photometer Model:*	7+	8	10 LEADQuick Chlorine
Kit Model:		Serial Number:*	
Date Purchased:*		Distributor:	
Additional Comments:			
How will your eXact® Photometer be used?			

\*Required Information

Thank you for choosing the eXact® Photometer

Please click here to submit form after completing. If form was printed and completed by hand, please email to [its@sensafe.com](mailto:its@sensafe.com) or fax to: (803) 329-9743.