

OWI SPEAKER SYSTEM LIMITED WARRANTY REGISTRATION

(Save this portion for your records)

1. Your OWI Speaker System has been thoroughly tested and inspected at the factory. It is warranted for 1 year from date of purchase.
IT IS THE OWNERS' RESPONSIBILITY TO ESTABLISH THE DATE OF PURCHASE BY ACCEPTABLE EVIDENCE AT TIME SERVICE IS SOUGHT.
2. WHAT WE WILL PAY FOR AND WHAT YOU MUST PAY FOR:
OWI INC. will repair or replace unit(s) covered by this warranty, without charge to the consumer for labor or materials. YOU ARE RESPONSIBLE FOR ANY INSTALLATION OR REMOVAL CHARGES AND FOR ANY INITIAL SHIPPING CHARGES if the unit(s) must be shipped for warranty service. However, we will pay the return shipping charges to any destination within the U.S.A. if the repairs are covered by the warranty.
3. Any unit which in the judgment of OWI Inc. is defective or develops defects under normal use will be replaced or repaired without cost within the warranty period.
4. This warranty will be considered void if unit has been dropped, misused, abused, altered in any manner, overdriven with excessive amplification exceeding manufacturer's specification, improperly serviced or accidental damage.
5. OWI Inc. shall have no liability whatsoever for consequential damage. The sole responsibility and discretion of OWI Inc. under this warranty shall be limited to the repair of the product or replacement thereof.
6. IMPORTANT: This warranty is void unless the attached card is completed and mailed to OWI Inc. within 10 days following the date of purchase. Units must be sent to OWI Inc. or to the dealer where purchased.

OWI INCORPORATED
17141 Kingsview Ave
Carson, CA 90746-1207 USA

Date Purchased: _____
Model Number: _____
Serial Number: _____

(Keep this part for your record)

-----CUT AND MAIL-----



OWI INCORPORATED
17141 Kingsview Ave
Carson, CA 90746-1207 USA

LIMITED WARRANTY

Model Number: _____
 Model Name: _____
 Serial No. _____
 Date of Purchase: Month: _____ Day ____ Year _____
 Owner's Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Dealer's Name: _____ City _____ State _____
 Purchased from (please check one):
 Video ____, Electronic ____, Mailorder ____, Mass Merchandiser ____, Installer ____
 Others (please specify) _____
 Remarks: _____