



ROWHEELS REV SERIES PRODUCT REGISTRATION FORM

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

EMAIL:

PHONE:

REV SERIES MODEL (HX or LX):

SERIAL NUMBER:

DATE OF PURCHASE:

PRESCRIBING CLINICIAN:

WHEELCHAIR MAKE AND MODEL:

DEALER/REP NAME:

METHOD OF PURCHASE (i.e. Medicaid, Medicare, Insurance, VA, or other:

*Complete this form, save it on your computer and send it to salesupport@rowheels.com.
You may also fax to (608) 719-0010. If sending through mail use the address below.*