

CUSTOMER INFORMATION:

First Name: _____ Last Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

PRODUCT(S) TO BE REGISTERED: (Enter different model types and sizes separately)

TUBULAR SKYLIGHT QTY: _____

TUBULAR SKYLIGHT QTY: _____

TUBULAR SKYLIGHT QTY: _____

ACCESSORIES:

Exhaust Vent Kit (SVFAN) Dimmer Kit Electric Light Kit Solar LED Light Kit

INSTALLATION INFORMATION:

Date Installed: _____ Installer Name: _____ Installer Company: _____

Are you satisfied with the installation? Yes No Are you satisfied with the product performance? Yes No

ADDITIONAL COMMENTS:

To submit form, click button, mail to Natural Light or click email address: info@nltubular.com