CINCH™

Warranty Registration Form

Please comlete the requested information regarding your Cinch product

Current Date: _____

Which product did you purchase: Steel Railing ☐ ADA Railing ☐

Name: _____ _____
Last First

Email: _____

Address: _____
Street Address

_____
Street Address Line 2

_____ _____
City State

_____
Postal /Zip Code

Name of Supplier: _____

Supplier Location: _____

Contractor Name: _____

Date Purchased: _____

Date Installed: _____