


Warranty Registration Certificate

To validate your FIVE-YEAR LIMITED WARRANTY, complete this portion and return it to:
Benelli USA, Warranty Records, 17603 Indian Head Highway, Accokeek, MD 20607-2501

Please Print or Type

Model Number

Serial Number

Purchase Date

PURCHASER'S NAME AND ADDRESS:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (with area code) _____

Email _____

WARRANTY ASSIGNED TO (if different than purchaser):

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (with area code) _____

Email _____

DEALER'S NAME AND ADDRESS (stamp may be used):

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (with area code) _____

Email _____

Warranty Registration

Your answers to the following questions will assist us to better serve you.

A. Type of store where this firearm was purchased:

- | | |
|---|---|
| <input type="checkbox"/> Gun Shop | <input type="checkbox"/> Hardware Store |
| <input type="checkbox"/> Outdoor Outfitter | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sporting Goods Store | |

B. Primary use for this firearm:

- | | |
|---|--|
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Home Defense | <input type="checkbox"/> Target |
| <input type="checkbox"/> Sporting Clays | <input type="checkbox"/> Collector |

C. What made you choose this firearm?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Reputation | <input type="checkbox"/> Features |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Warranty |
| <input type="checkbox"/> Performance | <input type="checkbox"/> Price |
| <input type="checkbox"/> Recommendation | <input type="checkbox"/> Other _____ |

D. Do you own other Benelli firearms?

- Yes If yes, what models? _____
- No

E. Is there another Benelli firearm model you would like to own?

- Yes If yes, what models? _____
- No

F. Would you recommend a Benelli product to others?

- Yes
- No If no, why not? _____

G. Which firearms/outdoor magazines do you read?

- | | |
|--|--|
| <input type="checkbox"/> American Hunter | <input type="checkbox"/> Turkey Call |
| <input type="checkbox"/> Ducks Unlimited | <input type="checkbox"/> Ruffed Grouse |
| <input type="checkbox"/> Pheasants Forever | <input type="checkbox"/> Sporting Classics |
| <input type="checkbox"/> Deer & Deer Hunting | <input type="checkbox"/> Quail Unlimited |
| <input type="checkbox"/> American Rifleman | <input type="checkbox"/> Others _____ |

H. Which group best describes your annual household income?

- | | |
|--|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$40,000 – \$49,999 |
| <input type="checkbox"/> \$10,000 – \$19,999 | <input type="checkbox"/> \$50,000 – \$74,999 |
| <input type="checkbox"/> \$20,000 – \$29,999 | <input type="checkbox"/> \$75,000 – \$99,999 |
| <input type="checkbox"/> \$30,000 – \$39,999 | <input type="checkbox"/> \$100,000 or more |

Warranty Registration

I. What is your age group?

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 18 - 21 | <input type="checkbox"/> 36 - 40 |
| <input type="checkbox"/> 22 - 25 | <input type="checkbox"/> 41 - 45 |
| <input type="checkbox"/> 26 - 30 | <input type="checkbox"/> 46 - 50 |
| <input type="checkbox"/> 31 - 35 | <input type="checkbox"/> Over 50 |

J. You are:

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

K. Your employment:

- | | |
|---|---|
| <input type="checkbox"/> Professional/Technical | <input type="checkbox"/> Police/Law Enforcement |
| <input type="checkbox"/> Management | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Farm/Agriculture | <input type="checkbox"/> Sales/Service |
| <input type="checkbox"/> Student | <input type="checkbox"/> Military |
| <input type="checkbox"/> Craftsman | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Physician/Dentist | <input type="checkbox"/> Other _____ |

L. Your education:

- | | |
|---|--|
| <input type="checkbox"/> Grade School | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Attended High School | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Post Graduate/Advanced Degree |
| <input type="checkbox"/> Attended College | |

Please return this portion

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BUYER RETAIN THIS PORTION FOR YOUR RECORDS

WARRANTY REGISTRATION CERTIFICATE

Model Number	Serial Number	Place Purchased	Purchase Date

NOTE: All shipments returning a firearm to the owner will include a c.o.d. charge for shipping, handling, and insurance. For more information contact the **Benelli USA Customer Service Staff** at (301) 283-6981.

**ALL FIREARMS MUST SHIP TO:
BENELLI USA CORP.**

Warranty Services Dept.
801 Broad Street
Pocomoke City, MD 21851

