



Shield Basic Program Registration Form

Company: _____

First Name: _____ Last Name: _____

Phone: _____

Email: _____

Shipping Address for Kits (no PO boxes):

Address: _____

City: _____ State: _____

Zip Code: _____

Billing Address for Invoicing (if different):

Address: _____

City: _____ State: _____

Zip Code: _____

Make: _____ Model: _____

Serial Number: _____ Unit #: _____

Current Hours: _____ Meter Date: _____

Initial Service Kit Requested: -250 -500 -1000 -_____

Service Intervals -250 -500 Other, please specify: _____

Last Service Performed Hours:_____ Interval:_____ Date:_____

By registering for the Shield Basic program the customer understands that kits will be invoiced and shipped at the designated interval above, unless contact is made with the Honnen Shield Coordinator to make any changes in the program or to terminate future kit shipments.

Customer Signature: _____ Date: _____