

## CONGRATULATIONS AND WELCOME TO AUTOCOM



**Congratulations!** You want the best motorcycling experience possible and Autocom wants to be part of that experience. In order for us to continue to do our part servicing our customers, we ask that you return this registration card complete with all requested information. This information will only be used for internal purposes and will not be made available to anyone else.

As more and more motorcyclists like yourself recognize Autocom as the leader in specialist communications, we continue to move forward with enhancements through continuous product improvement. We would like to be able to inform you of future changes that may be of interest to you, and to receive feedback from you as to your Autocom experience. In order to achieve this, we would like to invite you to become a member of the elite **Autocom Owners Group**. In order to join, please check the corresponding box below when returning your warranty registration card and we will do the rest.

Please note that this registration does not replace your dated proof-of-purchase which will be required with any warranty claims. Please retain your dated proof-of-purchase by stapling it to the top half of this card for your records.

Questions?

Our expert sales, service and technical support team are ready to help

**888-851-4327**

**[www.autocomamerica.com](http://www.autocomamerica.com)**

**[sales@topgearmail.com](mailto:sales@topgearmail.com)**

**Thank you for choosing Autocom.**

## Remit your registration card to 1 of the following:

- 1. via mail**  
**AUTOCOM REGISTRATION**  
P.O. BOX 1477  
SLINGERLANDS, NY 12159-1477
- 2. via fax**  
**Attention: AUTOCOM REGISTRATION**  
518-449-8876
- 3. via e-mail**  
**AUTOCOM REGISTRATION (subject line)**  
[sales@topgearmail.com](mailto:sales@topgearmail.com)

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### For assistance with your registration:

Call 888-851-4327 or e-mail [sales@topgearmail.com](mailto:sales@topgearmail.com)

## WARRANTY REGISTRATION CARD

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Sign me up!** As a member of the Autocom Owner's Group I wish to receive exclusive offers and updates on the latest from Autocom.

Autocom System \_\_\_\_\_

Price Paid \$ \_\_\_\_\_ Date Purchased \_\_\_\_\_

Dealer/City/State \_\_\_\_\_

How did you hear about Autocom? \_\_\_\_\_

Helmet brand(s)/style(s) \_\_\_\_\_

Miles ridden per year \_\_\_\_\_