

Place  
Stamp  
Here

ICD, Inc.  
1220 Rock Street  
Rockford, Illinois 61101-1437

# Product Warranty/Update Card ■

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*Please take this time to complete the information below and return this card promptly to ensure product registration under the ICD warranty policy. This notification of purchase will allow us to provide you with efficient service, including updates, should your product require it.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone (area code) \_\_\_\_\_ Item Purchased \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Serial Number **032722**

Where did you purchase this product? \_\_\_\_\_

How did you hear about this product? \_\_\_\_\_

What other products would you like to see us develop? \_\_\_\_\_

Does your local Atari dealer carry our product line? Yes  No

Your Atari dealer's name and address \_\_\_\_\_

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