

STEEL OPS LTD
Body Armor Registration Card

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Your body armor serial number appears on the back label in the top left portion - example: XP-01010318-1

Serial # _____ Date Purchased: _____ **Online** Retailer: _____

Serial # _____ Date Purchased: _____ **Online** Retailer: _____

Serial # _____ Date Purchased: _____ **Online** Retailer: _____

Serial # _____ Date Purchased: _____ **Online** Retailer: _____

Please sign below and mail this registration to the address listed. Your registration is not valid without a signature and date.

By signing below the customer hereby verifies that they have read and understand all of the terms and conditions associated with Steel Ops products including but not limited to the warranty, liability of use, and privacy policies.

Return to:

STEEL OPS LTD

1925 S Timberline Rd, N1

Fort Collins, CO 80525

Customer Signature: _____ Date: _____