



Solaris Paper Inc.
 13415 Carmenita Rd
 Santa Fe Springs, CA 90670
 1-888-99-TISSUE (84778)

Dispenser Guarantee & Warranty Registration

Registration Date: _____

NOTE: This form is required for all dispensers.

Distributor Information

Distributor Name		Customer Number	
Distributor Contact	Address		
Telephone	City	State	Zip

End User Information

Business Name		Location Name	
Address			
City		State	Zip
Contact Name			
Telephone		E-Mail	

Business Type

<input type="checkbox"/> C-Stores	<input type="checkbox"/> Entertainment/High Traffic	<input type="checkbox"/> Grocery
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Contract Cleaner	<input type="checkbox"/> Food Processing
<input type="checkbox"/> Health Care	<input type="checkbox"/> Office Building	<input type="checkbox"/> Education
<input type="checkbox"/> Food Service	<input type="checkbox"/> Lodging	<input type="checkbox"/> Retail (Malls, etc.)

Dispenser SKU	Quantity

Approval of Registration Agreement

How To Submit Registration

Register's Name	Online: www.solarispaper.com
Phone	Email: dispensers@solarispaper.com
E-mail	Fax: 770-674-2376