Installation and Warranty Registration

Distributor Name: _____

Distributor Service Phone Number: _____

Customer Name: _____

Customer Address: _____
(Bike Location)
_____

Customer Phone Number: _____

Bike Serial number: _____

Install Date (MM/DD/YYYY): _____

Router: Wired __ Wireless __

Router type: D-Link __ Belkin __
Linksys __

Broadband connection: Cable __
DSL __

Router Distance from Bike: _____ ft.

TV: Yes __ No __

S2 Seat type: Intermediate _____ Racing_____

S2 Confidence check preformed: Yes __ No ___

Customer Signature: _____ Date: _____

Installer Signature: _____ Date: _____

Please fax completed form to: 408-746-9127