Multiple Product Registration Form

# Airpod Air Mattress



Thank you very much for your purchase. We appreciate your custom.

Please complete this form to register Multiple Product Purchase (more than 2) of the Airpod Air Blower.

Single Product Registration can be completed directly from the Website – please follow the link below:

<https://www.rexyn.co/english-language-quick-links-page/ql7-product-registration-and-warranty/ql7a-product-registration/>

Facility Information

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| **Section 1 - Customer Details** |
| Date of Purchase |       |
| Name of Institution / Trust / Hospital |       |
| Number of Units Purchased(If more than 1 size purchased, complete separate forms for each size) |       Units | Size | [ ]  Standard[ ]  Bariatric |
| Address |       | Postcode |       |
| Procurement Team Representative |       |
| Telephone number |       |
| Email address |       |

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| **Section 2 – Rexyn Dealer Details** |
| Name of Dealer Organisation |       |
| Dealer Representative Details(if known) | Name:       | Email:       |

Product Listing

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| **Section 3 – Product Listing and Unique Serial Numbers**  |
| **The Product uSN can be found on the Packing List, on the Carton and the Product** |
| **ITEM Number** | **uSN** |
| 1 |       |
| 2 |       |
| 3 |       |
| 4 |       |
| 5 |       |
| 6 |       |
| 7 |       |
| 8 |       |
| 9 |       |
| 10 |       |
| 11 |       |
| 12 |       |
| 13 |       |
| 14 |       |