Interactive Fitness Holdings, LLC
522 Mercury Drive
Sunnyvale, CA 94085

Installation and Warranty Registration

Distributor Name: _____

Distributor Service Phone Number: _____

Customer Name: _____

Customer (Bike Location) Address: _____

Customer (Bike Location) Phone Number: _____

Customer e-mail: _____

Customer IT (ISP) Contact Name: _____

Customer IT (ISP) Phone Number: _____

Bike Serial number: _____

Install Date (MM/DD/YYYY): _____

Router Type: Wired __ Wireless __

Router Make: D-Link _____ Belkin _____

Linksys _____

Broadband Connection type: Cable __ DSL __

Customer Router/Modem Name & Model: _____

Router Distance from Bike: _____

TV: Yes __ No __

S2 Seat type: intermediate _____ racing ___

Confidence check preformed: Yes __ No ___

Customer Signature: _____ Date: _____

Installer Signature: _____ Date: _____

Please **fax** completed form to: **408-735-7543**
Attention: Customer Service