



## Warranty Card

**Submit within 30 day of purchase**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Purchase date: \_\_\_\_\_

**Mail to: VegiBee™ LLC, P.O. Box 1352. Maryland Heights, Missouri, 63043**

**E-Mail to: VegiBee.com**