

WARRANTY REGISTRATION FORM & INSPECTION REPORT

WARRANTY REGISTRATION

This form must be filled out by the dealer and signed by both the dealer and the customer at the time of delivery.

<b>CUSTOMER NAME</b> _____	<b>DEALER NAME</b> _____
<b>ADDRESS</b> _____	<b>ADDRESS</b> _____
<b>CITY, STATE, CODE</b> _____	<b>CITY, STATE, CODE</b> _____
<b>PHONE NUMBER</b> _____	
<b>MODEL NUMBER</b> _____	
<b>SERIAL NUMBER</b> _____	
<b>DELIVERY DATE</b> _____	

DEALER INSPECTION REPORT

SAFETY

- |  |   |
|--|---|
| <input type="checkbox"/> ALL FASTENERS TIGHT                   | <input type="checkbox"/> SAFETY CHAIN INSTALLED                 |
| <input type="checkbox"/> WHEEL BOLTS TORQUED                   | <input type="checkbox"/> ALL GUARDS INSTALLED                   |
| <input type="checkbox"/> HYDRAULIC HOSES FREE                  | <input type="checkbox"/> ALL DECALS INSTALLED                   |
| <input type="checkbox"/> CHEMICAL LINES FREE                   | <input type="checkbox"/> REFLECTORS, SMV CLEAN                  |
| <input type="checkbox"/> LUBRICATE MACHINE                     | <input type="checkbox"/> LIGHTS AND BULBS WORKING               |
| <input type="checkbox"/> CHECK TIRE PRESSURE                   | <input type="checkbox"/> REVIEW OPERATING & SAFETY INSTRUCTIONS |
| <input type="checkbox"/> SCREENS CLEAN                         |   |
| <input type="checkbox"/> FRAME & WINGS LEVEL                   |   |
| <input type="checkbox"/> MONITORS AND CONTROLLERS FUNCTION     |   |
| <input type="checkbox"/> WIRING & CONTROLLER HARNESS CONNECTED |   |

I have thoroughly instructed the buyer on the above described equipment which review included the Operator's Manual content, equipment care, adjustments, safe operation and applicable warranty policy.

DATE \_\_\_\_\_ DEALER'S REP. SIGNATURE \_\_\_\_\_

The above equipment and Operator's Manual have been received by me and I have been thoroughly instructed as to the care, adjustments, safe operation and applicable warranty policy.

DATE \_\_\_\_\_ OWNER'S SIGNATURE \_\_\_\_\_

WHITE - FAST DISTRIBUTING

YELLOW - DEALER

PINK - CUSTOMER



54859 County Road 44  
Mt Lake, MN 56159