WARRANTY REGISTRATION INFORMATION

(THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED IN ORDER TO BE VALID)

ORIGI	INAL PURCHASEF	RINFORMATION
JOB NO.:	VIN:	
DEALER:		
I CERTIFY THAT THE ABOVE TRAILE	R WAS SOLD TO ORIG	SINAL PURCHASER:
NAME:		
PHONE:	EMAIL:	
DATE PURCHASED:		
DEALER SIGNATURE:		DATE:
THIS SECTION MUST BE COMPLETED BY ST 801 4TH ST., BELOIT, WI 53511, FOR A PERM	MANENT RECORD ON FILE F	
	QUALITY CONTRO	L REPORT
PLEASE FILL OUT THE SPACES BEL COMMENTS: (QUALITY OF WORKMA		
ORIGINAL PURCHASER: (OR STE DEALER)		DATE:
	WARRANTY VER	IFICATION
AS ORIGINAL PURCHASER OF THE ABOVE D AGREEMENT. I UNDERSTAND ITS PROVISION	·	WLEDGE THAT I HAVE READ THIS WARRANTY DUND BY ITS TERMS.
ORIGINAL PURCHASER SIGNATURE:		DATE.

