Warranty Registration Form

Customers Name:_____

Business Name:_____

Address:_____ City:_____Province:_____

Postal Code:_____ Phone Number:_____

Email Address:_____

Dealer's Name:_____

Address:_____ City:_____ Province:_____

Postal Code:_____ Phone Number:_____

Serial Number:_____

Model Number:_____

Description:_____

Invoice Date:_____ Date Of Purchase:_____

Delivery Date:_____ Person completing the form:_____

In completing this Warranty Registration, I represent and warrant that on the unit designated here.

I agree to print a copy for the retail customer and obtain the signature of the customer on that warranty registration. I will retain a copy of such signed warranty in my records for a period not to be less then 3 years, and will provide such document to Mapleside Mfg Inc. immediately upon request.

Customer Signature:_____ Date:_____

Dealer Signature:_____ Date:_____

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