



## 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 than 3 years, and will provide such document to Mapleside Mfg Inc. immediately upon request.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dealer Signature: \_\_\_\_\_ Date: \_\_\_\_\_