



Forklift Extended Warranty Application

Please Print or Type Clearly			
Customer Information			
Customer Name		Phone	
Address			
City		State	Zip
Dealer Information			
Dealer Name		Phone	
Dealer Contact		City	State e-mail address
Forklift Information			
Make	Model	Serial No.	
Capacity _____	Prop ___ Elect. ___	Diesel ___ Gas ___	Year
Class 1 2 3 4 5	Delivery Date		Current Hrs.

Mail This Application Along With A Copy Of The Sales Invoice And Your Check To:

Lift Shield
1005 Pine Branch Drive
Weston, Fl 33326
1-800-655-9499
1-954-385-0539 Fax