



New Heavy Equipment Extended Warranty Application

Please Print or Type Clearly				
Customer Information				
Customer Name			Telephone	
Address				
City		State	Zip	
Dealer Information				
Dealer Name			Telephone	
Dealer Contact		City	State	
Equipment Information				
Make _____			Mfg. Warranty 6 mo ____ 12o ____	
Model _____	Year	Serial No.	Mfg . Warranty Expiration Date	
Term	3,000 hrs.	4,000 hrs.	5,000 hrs.	6,000 hrs.
2 Years				
3 Years				
4 Years	X	X	X	X
5 Years	X	X	X	X
Warranty Price \$		Sale Price \$		Delivery Date

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 - Fax 1-954-385-0539

