



Rail King Extended Warranty Application

Please Print or Type Clearly				Contract No.		
Customer Information						
Customer Name				Telephone		
Address						
City				State	Zip	
Dealer Information						
Dealer Name				Telephone		
Dealer Contact			City		State	
Equipment Information						
Model		Year		Serial No.		
Deductible \$0 _____ \$250 _____						
Term	__ 2 Yr 3,000 hrs.	__ 3 Yr 4,000 hrs.	__ 4 Yr 5,000 hrs.	__ 5 Yr 7,500 hrs.	Sales Price \$	
Warranty Price \$			Mfg. Warr Expiration Date		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
1-954-385-0539 Fax