



Used 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	
Forklift Information			
Make	Model	Serial No.	
Capacity _____	Prop. _____ Elect. _____	Diesel _____ Gas _____	Year _____
6 mo 1,000 hrs _____ 12 mo 2,000 hrs _____	18 mo 3,000 hrs _____ 24 mo 4,000 hrs _____	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