



WARRANTY REGISTRATION

Model: _____ Series: _____ Serial #: _____ Delivery Date: _____

Dealer: _____ Owner: _____

Address: _____ Address: _____

City: _____ City: _____

Postal/ Postal/
Prov./State: _____ Zip Code: _____ Prov./State: _____ Zip Code: _____

Dealer's Signature: _____ Date: _____

- A. The equipment appears to be set up properly and in good operating condition.
- B. I have been instructed on all safety procedures.
- C. I have received instruction on proper field adjustment and maintenance procedures.

This report must be complete at the time of delivery to the end user and returned to initiate the warranty coverage. Failure to complete and file this report or any false information will invalidate the warranty.

Important: Before a Warranty Claim will be processed, this form must be returned to Show-Me Shortline Company, L.L.C.

Owner's Signature: _____ Date: _____

One Copy to Show-Me Shortline Company, LLC
One Copy to Dealer
One Copy to Customer



**P.O. Box 6
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573/682-5044 FAX
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