

Conestoga Product Warranty Information Form

Please Complete This Entire Form and Mail or Fax to Conestoga

To Validate Warranty, This Form Must be Postmarked Within 30 Days of Purchase

Your Name _____ Date Purchased _____

Your Business Name _____ Type of Business _____

Your Address _____

City _____ State _____ Zip Code _____

Phone Number () _____ Fax Number () _____

Unit Description _____ Model # _____ Serial # _____

Application or Intended Use of Unit _____

How Did You Find Out About Conestoga? _____

If by Magazine, Which One _____

If You Have Learned of Our Product at a Trade Show, Which One? _____

What Interested You Most About Our Product? _____

Name of Dealership Where Unit Was Purchased _____

Dealer's Address _____

Please List Name and Address of Someone You Know Who Would Like to Receive Free Conestoga Literature

"I have Read and Understand the Owner's Manual"

Please Refer to the Owner's Manual for Safety Precautions, Operation and Maintenance

Signature _____ Date _____