

WARRANTY REGISTRATION

VIN # [REDACTED] MODEL [REDACTED]

CUSTOMER INFORMATION

DEALER INFORMATION

NAME [REDACTED]

DEALER NAME [REDACTED]

ADDRESS [REDACTED]

ADDRESS [REDACTED]

PHONE [REDACTED]

PURCHASE DATE [REDACTED]

E-MAIL [REDACTED]

OWNERS SIGNATURE: [REDACTED]

DATE: [REDACTED]

I HAVE READ THE "OWNERS INFORMATION PACKET" AND UNDERSTAND THE LIMITED WARRANTY

PLEASE RETURN WARRANTY REGISTRATION TO:

DARKHORSE CARGO, INC.

500 S. MILLER DR.

WHITE PIGEON, MI 49099