

AFFIDAVIT FOR MSO

nvoice Date:	Invoice #:	Model:
/IN #:		
The	undersigned, being first duly sworn c	n oath, deposes and states:
Γhat he/she is the lawful an	d possessors owner of a trailer manu	factured by SH Distributing, and as such, is
entitled to a Manufacture's	Statement of Origin (MSO) with resp	ect to said trailer.
The Original M.S.O. has bee owner.	n lost or destroyed, and a duplicate is	required and should be issued to the undersign
• •		m any claims, demands, or judgments resulting
rom the representations co	ontained herein.	m any claims, demands, or judgments resulting
From the representations co	ontained herein.	
from the representations co	ontained herein.	
From the representations converse of Owner: Address:	ontained herein.	
From the representations conversed and the representation and the representat	ontained herein. State 8	& Zip
From the representations con Name of Owner: Address: City: Phone: Owner's Signature:	ontained herein. State 8	& Zip

Notary public in and for said County and State

Email: sales@shdist.com or, tammie@shdist.com

SH Distributing

11292 Parmenter Rd Burbank, OH 44214 Phone: 330-624-2311