FAILURE TO REGISTER WARRANTY WILL RESULT IN DELAY AND MAY RESULT IN DENIAL OF CLAIM.

GALFAB WARRANTY REGISTRATION

UNIT MODEL NO: _____ SERIAL NO: _____ JOB NO: _____

AS STAMPED ON GALFAB IDENTIFICATION PLATE, LOCATED ON THE LEFT FRONT SIDE OF THE HOIST FRAME, OR AS FOUND IN OWNERS MANUAL)

MOUNTED ON:

MAKE / MODEL _____ VIN _____

WHEELBASE _____ PTO TYPE _____ % _____

DISTRIBUTOR _____

ADDRESS _____

CITY, STATE, ZIP _____

BY (SIGNATURE) _____ EMAIL ADDRESS _____

PHONE/CELL NUMBER _____

CUSTOMER COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

BY (SIGNATURE) _____ EMAIL ADDRESS _____

PHONE/CELL NUMBER _____

I ACCEPT DELIVERY OF THE ABOVE UNIT. I UNDERSTAND THE MECHANICAL OPERATION OF THE UNIT.

CUSTOMER SIGNATURE _____

COMPANY NAME _____

INVOICE DATE _____

IN ORDER TO ACTIVATE THE WARRANTY, THIS REGISTRATION MUST BE COMPLETED AND SENT TO:

GALFAB
612 W 11th Street
Winamac, IN 46996

OR

EMAIL THIS COMPLETED REGISTRATION TO: galfabwarranty@hiab.com

DISTRIBUTOR AND CUSTOMER SHOULD RETAIN A COPY OF THIS FORM