



WARRANTY REGISTRATION FORM

Please take time to register products sold in order to better serve you in the future

DEALER INFORMATION

COMPANY NAME		
CONTACT NAME		
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE No.	FAX No.	EMAIL

UNIT INFORMATION

MODEL	COLOR	DATE SOLD	REFERENCE NO.
VEHICLE IDENTIFICATION NUMBER (VIN)			

PURCHASER INFORMATION

CONTACT NAME		
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE No.	FAX No.	EMAIL

PRE-DELIVERY CERTIFICATION

I hereby certify that prior to delivery to the first retail purchaser, set-up and pre-delivery servicing was performed on this unit in accordance with instructions contained in the set-up and pre-delivery checklist provided by MOD Cycles Corporation. A copy of the pre-delivery checklist was completed and has been given to the purchaser, who has been made aware of skill training (safety) materials, courses and the importance of training for skill improvement.

Authorized Dealer Signature

Date

Print Name

Submit form by fax: 866-539-6848

Submit form by email: support@modcycles.com