

# Service and Warranty WARRANTY FORM

First Name:

Last Name:

Address (number and street):

Suburb:

State:

Post Code:

Country:

Phone Number:

E-mail address:

Date of Purchase:

Model Number :

Serial Number:

*The following questions are not mandatory:*

In what vehicle with the product be primarily used?

Make:

Model:

Year:

What best describes your occupation?

What is your age?  18-24  25-34  35-44  45-54

55+

Approximately how many kilometres do you travel a year??

Would you like to become a member of the ADRA? (Australian Drivers Rights Association) No fees apply.  Yes  No

When form completed, fax to 852 3529 2737