



# Auto Crane Warranty Registration

Fax Transmission

To: Warranty Department Fax: (918) 834-5979  
 From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Re: Product Registration Pages: \_\_\_\_\_

**End User Information:** (Required for Warranty Activation)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Distributor Information:** (Required for Warranty Activation)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Product Information:** (Required for Warranty Activation)

Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Date Product Delivered: \_\_\_\_\_ Date Processed:\* \_\_\_\_\_  
 VIN # \_\_\_\_\_ \* For Auto Crane use only

## ONE REGISTRATION FORM PER UNIT (CRANE OR BODY)

Registration form must be mailed or faxed within 15 days of customer installation.

Mail to:  
 Warranty Department  
 Auto Crane Company  
 P.O. Box 581510  
 Tulsa, OK 74158-0697