

RETAIL ADVICE & BUYERS WARRANTY REGISTRATION

Selling Dealer to complete at time of sale in order to Register Warranty with Top Gun Mobility

Customers Email Address: _____

Customer: _____

Model: _____

Address: _____

Serial Number: _____

Colour: _____

State: _____ Postcode: _____

Date of Sale: _____

Phone: _____

Type of Purchase: Consumer / Rental / Other

Customer Signature

Dealership Representative Signature