

TYPE OR USE BALL POINT PEN

Flex Trailers Inc.
705 Commerce Dr.
Wapakoneta, OH 45895



Warranty Registration

PRODUCT MODEL	VIN NUMBER (17 digits)	WARRANTY REGISTRATION DATE
Air-tow <input type="text"/>	<input type="text"/>	<input type="text"/>

PRODUCT OWNER

ADDRESS

CITY, STATE, ZIP

COUNTRY **PHONE #**

DEALER

ADDRESS

CITY, STATE, ZIP

COUNTRY **PHONE#**

(Initial to acknowledge completion)

Operation & Safety Manual _____
New Machine Inspection _____

Proper information has been provided in safety, operation, and maintenance of the trailer. The Operation and Safety Manual was delivered with the trailer and receipt of the same by the owners/operator is so acknowledged. The trailer was delivered in satisfactory and safe condition.

USER/OWNER SIGNATURE _____

<p>Mail registration to: Flex Trailers Inc. <i>(Mail White Copy)</i> 705 Commerce Dr. Wapakoneta, OH 45895</p>
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