



WARRANTY REGISTRATION FORM

DEALER NAME _____ DATE _____

VIN _____ JOB NUMBER _____

PURCHASING COMPANY (CUSTOMER) NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

CONTACT _____ PHONE _____

EMAIL _____ FAX _____

COMMENTS.....

DATE OF PURCHASE FROM DEALER _____

DEALER REP NAME _____

**To activate warranty on Spartan unit, fill out form and fax to (818) 897-4366.
Dealer must include copy of sales invoice with delivery date.**

12266 Branford Street, Sun Valley CA 91352 • www.spartantruck.com
(818) 899-1111 • Fax (818) 897-4366