



WARRANTY REGISTRATION FORM

Warranty registration MUST be completed and sent in within 30 days of first retail purchase or the warranty is VOID.

COPY OF BILL OF SALE MUST BE INCLUDED.

DEALER INFORMATION		
Dealer Name:		Date of Sale:
Dealer Contact:		
Dealer Email:		
Dealer Address Line 1:		
Dealer Address Line 2:		
City:	State:	Zip:

PURCHASE INFORMATION		
Purchaser (Print Name):		Purchaser (Signature):
Purchaser Address Line 1:		
Purchaser Address Line 2:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

TRAILER INFORMATION	
VIN Number:	Date of Manufacture:
Model Number:	

Please mail, email, or fax this registration to:
Warranty Registration Department, 25825 FM 529 Rd, Katy, TX 77493
Fax: 281-395-8012 or email: sales@choicetrailers.com

ALL WARRANTY WORK MUST BE APPROVED PRIOR TO WORK BEING PERFORMED.