



BUSCH EQUIPMENT WARRANTY REGISTRATION FORM

2810 38th Street
Columbus, NE 68601
402-563-1502

MODEL #: _____ SN: _____ DATE PURCHASED: _____

Retail Customer	Name: _____
	Address: _____
	City, State, Zip: _____
	Phone#: _____
	Email Address: _____
Dealer	Name: _____
	Address: _____
	City, State, Zip: _____
	Store Manager: _____
	Phone#: _____
	Email Address: _____

Dealer

I have thoroughly instructed the buyer on the above described equipment. This review included the Operator's Manual content, equipment care, adjustments, safe operation and applicable warranty policy.

Date _____ Dealer's Salesman Signature _____

Customer

The above equipment and Operator's Manual have been received by me and I have been thoroughly instructed as to care, adjustments, safe operation and applicable warranty policy.

Date _____ Customer Signature _____

Original: Busch Equipment

Copy: Dealer

Copy: Customer