

## **BUSCH EQUIPMENT WARRANTY REGISTRATION FORM**

2810 38<sup>th</sup> 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
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Original: Busch Equipment

Copy: Dealer

Copy: Customer