

## **BUSCH EQUIPMENT WARRANTY REGISTRATION FORM**

2810 38<sup>th</sup> Street Columbus, NE 68601 402-563-1502

Original: Busch Equipment

MODEL #:	SN:	DATE PURCHASED:
Retail Customer	Name:	
	Address:	
	City, State, Zip:	
	Store Manager:	
	Phone#:	
	Email Address:	
Dealer	Name:	
	Address:	
	City, State, Zip:	
	Store Manager:	
	Phone#:	
	Email Address:	
Operator's Manual copolicy.	ontent, equipment care, adjustm	described equipment. This review included the nents, safe operation and applicable warranty are
	t and Operator's Manual have b adjustments, safe operation an	een received by me and I have been thoroughly d applicable warranty policy.
Date	Customer Signature _	

Copy: Dealer

Copy: Customer