13534 W. Lafayette Center
Roanoke, IN 46783
Phone: (800) 883-5141

ATCM CONVERSION #

WARRANTY REGISTRATION FORM

Fill out with **customer** information and submit to service@atcmobility.com within three business days of vehicle delivery.

Customer Name: _____ Dealer: _____ Purchase Date: _____

Street:_____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____-_____ Email Address: _____

Conversion ID#: _____ Vehicle VIN (last 8): _____ Mileage: _____

Vehicle Checklist

(must be initialed by customer)

_____ Exterior/Interior is clean & damage free

_____ ATC lift fobs work correctly

_____ ATC Control Board located

_____ Lift's manual back-up operation is understood

_____ OEM & ATC Owner's Manuals reviewed

_____ Preventive maintenance & service schedules reviewed *(See Owner's Manual)*

_____ Warranty repair work procedure reviewed *(See Warranty/Service Guidelines)*

_____ Knowledge of how to adjust vertical limit on lift.

_____ ATC fluids located and checked.

List dealer installed equipment (e.g. - EZ Lock)

_____

_____

This agreement is intended to clarify the service responsibilities for the ATC Mobility LLC (ATCM) vehicle after the initial delivery.This agreement shall be executed and electronically submitted to ATC with each conversion sale.

Listed below is the identification of the ATCM authorized Local Servicing/Selling Mobility Retailer who has agreed to service the mobility conversion portion of this vehicle per the applicable ATCM service manuals and guidelines.

By signing below, the purchaser of the mobility conversion acknowledges they have read the warranty with service guidelines, and are accepting of this Local Mobility Retailer as the primary provider of the service for the mobility conversion portion of this vehicle. All Local Servicing Retailers must be an authorized ATCM Mobility Retailer.

Should the owner of the mobility conversion require service outside the local servicing area, they may take the mobility conversion to any other ATCM Mobility Retailer located within the United States.

Dealer Address: _____

Note: This agreement only applies to the servicing of the ATCM conversion. Ancillary equipment, such as tie downs or hand controls, will be the responsibility of the Mobility Retailer that installed those products and will not be covered under the ATC Limited Warranty. If there are issues relating to the chassis and/or conversion, it would be in the best interest of the mobility vehicle owner to contact the ATCM authorized Local Mobility Retailer (listed below) before taking the vehicle to their local car dealer/repair shop.

Customer

I acknowledge that all items checked and understand warranty.

x_____ Date: _____

Printed Name: _____

Dealer

All items checked have been reviewed and initialed by customer.

x_____ Date: _____

Printed Name: _____