



Warranty Card

Unit Identification Number:- _____

Warranty period _____ months or _____ km

Date fitted:- _____

Odometer at time of fitting:- _____ km

Owner's name:- _____

Address:- _____

Vehicle type:- _____ Rego no:- _____

Model:- _____ Month ____ Year ____

Fitted by:- _____

Fitter address:- _____

Fitter phone no:- _____

Signature of owner or agent:- _____

**PLEASE RETURN THIS COPY WITHIN 14 DAYS TO
MOTORmotion P.O. Box 4262 Alice Springs N.T. 0871**