



## Dealer Information

Company name	
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Address	
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State/Province	
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Postal code:	
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Phone number:	
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Email:	
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Website:	
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Warranty labour rate: \_\_\_\_\_ \$/hour

Form completed by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Shipping information

Company name	
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Address	
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State/Province	
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Postal code:	
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Shipping contact	
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Phone number: (shipping contact)	
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Signature\*: \_\_\_\_\_