Warranty Registration Form

Customer Name ________________________________

Invoice Number ___________ Battery Serial Number __________________________

Invoice Date _____________

Installation Date _____________

Installer Name _________________ Installer Phone Number_____________________

Vehicle Information

Year ______ Make _______ Model _______________________

VIN Number _____________________________________________

License Plate Number _____________ State _____________

Mileage at install _______________

Vehicle Purchase Date _____________ Mileage at Purchase _________________

Vehicle Owner Name (if other than customer) ________________________________

Customer statement
I, the undersigned, certify that the above information is correct, accurate and complete.

_________________________________________  ____________________________
Name                                    Signature

________________________
Date Signed

Please submit this completed form within 30 days
Fax 845-363-0322
Email, support@falconhybrid.com
Mail, 1100 River Street, Suite 6, Ridgefield NJ 07657