

Warranty Registration
(Required for Warranty Coverage)

Product Information

Kit Number _____
Date Installed _____
Vehicle Manufacturer _____
Year of Vehicle _____
Vehicle Identification Number - VIN (Last 8) _____ **(Required)**
Unit Serial Number _____ **(Not Required)**
Kit Number _____
Mileage and Service Hours at Time of Install _____ \ _____

Installer Information

Company Name _____
Address _____
City _____ **State** _____ **Zip Code** _____
Phone _____
Email _____

Sold To (Not Required)

Company Name _____
Address _____
City _____ **State** _____ **Zip Code** _____
Kit Number _____

Please Complete and Email or Fax To:

Email: **Warranty@OlivaTorrasUSA.com**
Fax: **800-741-4130**
Phone: **817-232-8199**