



3008 Mobile Drive * Elkhart, IN 46514
574-266-0911 * 574-266-6669 Fax
sales@medixambulance.com

OWNER REGISTRATION CARD

 Date of purchase MEDIX Serial Number Model Year

 Chassis Mfg. Chassis VIN. Mileage at Delivery

This product will be warranted in the name of:

OWNER:

DEALER:

Owner's Name

Selling Dealer

Regular Mailing Address – Street or P.O. Box

Regular Mailing Address – Street or P.O. Box

City State Zip

City State Zip

County Telephone (Area Code) Fax (Area Code)

PLEASE TYPE or PRINT ALL ENTRIES

Contact Person E-Mail Address

MUST BE COMPLETED AND MAILED OR FAXED TO MEDIX WITHIN 10 DAYS OF ACCEPTANCE

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OWNER WARRANTY REGISTRATION INFORMATION

 Date of purchase MEDIX Serial Number Model Year

 Chassis Mfg. Chassis VIN. Mileage at Delivery

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Telephone (Area Code)

PLEASE TYPE or PRINT ALL ENTRIES

Contact Person E-Mail Address

MUST BE MAINTAINED WITH VEHICLE RECORDS AS PROOF OF WARRANTY REGISTRATION