

WARRANTY REGISTRATION OR TRANSFER REQUEST

Please complete every field on this form. Incomplete forms will be returned.

FIRST OWNER INFORMATION

CUSTOMER NAME	CO-BUYER NAME			
CUSTOMER ADDRESS	CITY	STATE	ZIP	
CUSTOMER PHONE	CUSTOMER EMAIL			
	VEHICLE/PLAN INFORMATION			
VEHICLE IDENTIFICATION NUMBER				
SELECTED TERM/COVERAGE	IN-SERVICE DATE			
YR / MAKE /MODEL				
DEALER NAME	DEALER PHONE			
DEALER ADDRESS	CITY	STATE	ZIP	
T	RANSFER REMAINING COVERAGE	то:		
This information is only require	d if the golf cart is being transferred from t	he original owner	to a new own	er
CUSTOMER NAME	CUSTOMER PHONE	TRANSFER DATE		
CUSTOMER ADDRESS	CITY	STATE	ZIP	
SIGNATURE OF SELLER		DATE		
SIGNATURE OF BUYER		DATE		

If you have any questions regarding transfers, please call us toll free: 888-383-7303

PLEASE EMAIL REQUEST TO SUPPORT@GLOBALADMIN.COM OR MAIL TO: