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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**



**OWNER WARRANTY REGISTRATION INFORMATION**

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) \_\_\_\_\_

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**