

3 Year Transferrable Warranty Certificate



Please fill out all fields and return within 10 days of product purchase.
 Toll-Free Fax: 1-866-234-5680 or mail to: Harmar Mobility Attn: Warranty
 Department 2075 47th Street, Sarasota, FL 34234.

Harmar Mobility warrants its vehicle lift and access ramp products against defects in material, mechanical and electrical components (parts), excluding labor cost, batteries and paint, for a period of three (3) years, provided that the products have been installed, maintained and operated properly. This warranty does not cover defects in vehicles on which Harmar Mobility products are installed or defects in Harmar Mobility products caused by defects in any part of the vehicle upon which the product is installed.

This warranty starts on the date of the retail purchase, provided the warranty certificate is returned to Harmar Mobility, completely and properly filled out within ten (10) days of purchase. This warranty does not cover maintenance or adjustments. Harmar Mobility will not be charged for labor, consequential damage or repair expenses. Harmar Mobility will not, under any circumstances, be liable for the loss of the use of its products or the vehicles on which they are installed or loss of time. This warranty becomes null and void if the product has been lost, damaged by accident, misused and/or neglected, or if the product has been modified in any way. Defective parts must be returned, prepaid, to Harmar Mobility for inspection prior to credit or replacement. At Harmar Mobility's option, any part found to have been modified, over-stressed, damaged by accident, or misused is not covered by this warranty.

THIS WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES OR CONDITIONS, INCLUDING ALL IMPLIED WARRANTIES OR MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND THERE ARE NO WARRANTIES THAT EXTEND BEYOND THE DESCRIPTION OF THE LIMITED WARRANTY DESCRIBED HEREIN.

PRODUCT INFORMATION

Model: _____
 Serial Number: _____
 Purchase Date: _____

INSTALLER INFORMATION

Account ID #: _____
 Company Name: _____
 Contact Name: _____
 Address: _____

 Phone: _____
 Fax: _____
 Email: _____

APPLICATION INFORMATION

Year: _____
 Manufacturer: _____
 Model: _____
 Scooter Power Chair Wheelchair
 Model: _____

PURCHASER INFORMATION

Name: _____
 Address: _____

 Phone: _____
 Fax: _____
 Email: _____

How did you hear about Harmar Mobility?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Harmar Dealer | <input type="checkbox"/> Television |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Other: _____ |

Who was the primary decision maker for this purchase?

- | | |
|--|---|
| <input type="checkbox"/> Product User | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Doctor/Healthcare Provider |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other: _____ |

Please rate your satisfaction with your Harmar Mobility dealer:

- Excellent Good Fair Poor

