

TORQUEBOX®

WARRANTY REGISTRATION

COMPLETE AND SUBMIT THIRTY DAYS AFTER INSTALLATION

FULL NAME	EMAIL ADDRESS	PHONE	
STREET ADDRESS	CITY	STATE	ZIP
VEHICLE MAKE YEAR MODEL	MOTOR MANUFACTURER KW	4X2, 4X4, AWD	GROSS COMBINED WEIGHT
HOW USED BUSINESS COMMERCIAL PERSONAL		WHERE USED OFF ROAD ON ROAD	
INSTALLER NAME	ADDRESS	PHONE	

THANK YOU FOR SUBMITTING. THIS WILL HELP US INITIALLY DETERMINE THE SUITABILITY OF OUR PRODUCT TO YOUR PROJECT. PLEASE REVIEW QUESTIONS AND ANSWERS <https://www.torquebox.com/frequently-asked-questions>