

TORQUEBOX®

WARRANTY REGISTRATION

COMPLETE AND SUBMIT REGISTRATION WITHIN THIRTY DAYS AFTER INSTALLATION

FULL NAME	EMAIL ADDRESS	PHONE	SERIAL NUMBER
STREET ADDRESS	CITY	STATE	ZIP
VEHICLE MAKE-YEAR-MODEL	MOTOR MAKE AND KW	DRIVE: 4X2 4X4 AWD	GROSS COMBINED WEIGHT
HOW USED: BUSINESS PERSONAL	WHERE USED: OFF-ROAD ON-ROAD COMBINATION		
INSTALLER NAME	INSTALLER ADDRESS	INSTALLER PHONE	

THANK YOU FOR SUBMITTING. THIS WILL HELP US TO INITIALLY DETERMINE THE SUITABILITY OF THE TORQUEBOX® TO YOUR PROJECT. PLEASE REVIEW FAQ @ <https://torquetrends.com/frequently-asked-questions>