



LARSON CABLE TRAILERS INC.

Warranty Registration Form

Please return this form within 15 days of purchase

Date of Purchase: _____ Delivery Date: _____

Dealer Purchased From: _____ Trailer Model Number: _____

Vehicle ID Number (17 Digits):

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Owners Name: _____ Phone Number: _____

Address (Number and Street): _____

City: _____ State: _____ Zip Code: _____

**This form will not be used for marketing purposes.*

**In the unlikely event of a recall or service issues, this will be the contact information we use.*

**In the event of damage or theft, your registration could serve as your proof of purchase for insurance or warranty purposes.*

Please return this form to:
Larson Cable Trailers, Inc.
Warranty Registration
601 Lincoln NW • Huron, SD 57350