

** Must be received within 30 days of purchase*

Warranty Form

Customer Information

First Name : _____

Last Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Country : _____

Email Address : _____

Purchase Info

Purchased From: _____

Address: _____

City: _____ State: _____ Zip: _____

Web Site Address : _____

Installed By

Installer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Vehicle Information

Year: _____ Make: _____ Model: _____

Mileage at Installation: _____ Install Date: _____

Item Info

Item 1 Part # : _____

Item 2 Part # : _____

Item 3 Part # : _____

Item 4 Part # : _____

Send Warranty Form and Proof Of Purchase To:

Rotor Warranty Dep.

18-21 126th Street

College Point NY 11356

Please remember to send your proof of purchase with this form.
Your warranty will not be registered without it!