



Warranty Registration Form

Customer Information

Name _____

Address _____

City/State _____

Address _____

Zip _____

Telephone # _____

E Mail _____

Installer/Dealer Information

Name _____

Address _____

City/State _____

Address _____

Zip _____

Telephone # _____

E Mail _____

Vehicle Information

Year _____ Make / Model _____

Engine Size _____ Trans Model _____

Vin # _____

ProTorque Part # _____

Telephone # _____

E Mail _____

Install Information

Date of Purchase _____

Invoice # _____

Date of Install _____

Mileage at Install _____

Sales Order # _____

ProTorque
C/O Boninfante
555 Industrial Park Drive
Yeadon, PA 19050
Tel: 631-218-8700
Fax: 631-448-8007

ws: protorque.com
fb: /protorque
in: @protorque
tw: @teamprotorque

Please fill this form out and keep a copy for your records and remember to send proof of purchase with this form. Your warranty will NOT be registered without it.

Thank you for your business!

Date _____

Signature _____

Mail or Fax Form to:

ProTorque
C/O Boninfante
555 Industrial Park Drive
Yeadon, PA 19050

