



Warranty Registration

Circle one: Distributor Dealer End User

Contact Name: _____

Company Name: _____

Phone: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Which Godwin Group Product:

Circle One:	Godwin Mfg. Co., Inc	Galion-Godwin	
			Champion
R/S Godwin	Williamsen-Godwin	Good Roads	

Unit Model Number: _____

Unit Serial Number: _____

Vin# of Truck: _____

Make and Model of Truck: _____

What Industry are you in: _____

Date of Purchase: _____