



VEHICLE LIFT - THREE YEAR TRANSFERABLE WARRANTY

LIMITED WARRANTY CERTIFICATE

PLEASE FILL OUT ALL FIELDS AND RETURN WITHIN TEN (10) DAYS OF PRODUCT INSTALLATION.

Mail to Harmar, 2075 47th Street, Sarasota, FL 34234. Harmar warrants to the owner of the Vehicle Lift manufactured by us to be free from defects in material, mechanical and electrical components (parts) for a period of three (3) years, provided that the products have been installed, maintained and operated properly by an Authorized Harmar Distributor or Certified Harmar Installer.

This warranty starts on the date of initial product installation (not to exceed 180 days from the date of manufacture), provided the warranty certificate is completely filled out and returned to Harmar within ten (10) days of installation. Harmar warrants its lift product against defects in material, mechanical and electrical components (parts), excluding labor cost, batteries, paint, rust and covers, for a period of three (3) years from date of retail purchase, provided that the products have been installed, maintained and operated properly. Harmar and its dealers shall not be liable for any consequential, special or incidental damages arising out of the purchase or use of the unit or resulting from the breach of this Limited Warranty, or any implied warranty. This warranty is transferable as long as the application is approved by Harmar's Compatibility Calculator.

This warranty does not cover defects in vehicles on which Harmar products are installed or malfunctions in Harmar products caused by defects in any part of the vehicle upon which the product is installed. This warranty does not cover maintenance or adjustments. The limit of liability of Harmar and its dealer hereunder shall be the unit's purchase price. Some states do not allow limitations on how long an implied warranty lasts or the exclusion or limitation of incidental or consequential damages, or legal remedies, so these above limitations may not apply. All warranty claims must be reported to the dealer from whom the lift was purchased as they have responsibility for handling warranty claims. Applications involving vehicles or mobility devices not approved by Harmar's Compatibility Calculator will void the warranty.

The dealer is to contact the Technical Services Department of Harmar and provide the serial number of the product along with a description and evidence of the defect(s) supporting a warranty claim. Dealers may charge for labor, service, travel, or other associated costs to make repairs, and such charges are not covered by this Limited Warranty. It is permissible to have any repairs or replacement work done as a result of any defects in material and workmanship by someone other than the Dealer under this Limited Warranty.

However, the Limited Warranty does not cover any charges or expenses assessed by any such other person or company performing such repairs or replacement work. All parts used to replace defective materials must be genuine Harmar parts to be covered by this Limited Warranty. This Limited Warranty grants specific legal rights, other rights vary from state to state. Harmar will not be charged for labor, consequential damage or repair expenses. Harmar will not, under any circumstances, be liable for the loss of the use of its products or loss of time. Defective parts must be returned, if requested, prepaid, to Harmar for inspection prior to credit or replacement. At Harmar's discretion, any part found to have been modified, over-stressed, damaged by accident, or misused is not covered by this warranty.

THIS WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES OR CONDITIONS, INCLUDING ALL IMPLIED WARRANTIES OR MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND THERE ARE NO WARRANTIES THAT EXTEND BEYOND THE DESCRIPTION OF THE LIMITED WARRANTY DESCRIBED HEREIN.

PRODUCT INFORMATION:

Model: _____

Serial Number: _____

Date of Installation: _____

DEALER/INSTALLER INFORMATION

Company Name: _____

Installer Name: _____

Address: _____

Phone: _____ Email: _____

VEHICLE INFORMATION

Make: _____

Model: _____ Year: _____

MOBILITY DEVICE INFORMATION

Scooter Power Wheelchair Wheelchair

Manufacturer: _____ Model: _____

Weight: _____ Serial: _____

PURCHASER INFORMATION:

Name: _____

Mailing Address: _____

Installation Address (if different): _____

Phone: _____ Email: _____

ADDITIONAL INFORMATION:

How did you hear about Harmar?

Dealer Internet Magazine Friend Other

I selected Harmar due to its (select all that apply):

Style Dealer Ease of Use

Recommendation Price / Value Key Feature

Own other Harmar Product