

FACTORY PROTECTION PLUS

Mail to:
560Plus, LLC
491 W Garfield Ave
Coldwater, MI 49036

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Post Code: _____

Phone Number: _____ Email Address: _____

Vehicle Information

Year: _____ Make: _____ Model: _____

VIN Number: _____ Odometer: _____

Purchase Date: _____ In Service Date: _____

Suspension Kit Information (Attach a copy of the purchase receipt)

Brand: _____ Lift Kit Part Number(s): _____

Tire and Wheel Size: _____

Place of Purchase

Company/Dealer Purchased From: _____

Zip/Post Code: _____ Phone Number: _____

Installer Information (if different than above)

Kit Installed By: _____ Installation Date: _____

Zip/Postal Code: _____ Phone Number: _____