



BRIDGEVIEW MANUFACTURING INC.

P.O. BOX 4 GERALD, SASK. SOA 1B0

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Website: www.bridgeviewmanufacturing.com

**Operator's Manual/Warranty
Receipt Verification**

DEALER INFORMATION

Dealer Name: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Salesman's Name: _____

PRODUCT INFORMATION

Model: _____

Serial Number: _____

Purchase Date: _____

Farm Use

Other: _____

CUSTOMER INFORMATION

Customer Name: _____

Address: _____ City: _____

State/Prov.: _____ Zip/Postal Code: _____

Phone Number: _____

Email: _____

I confirm that I have received the Operators Manual:

Customer Signature

Date