

## Customer Machine Delivery Form

Kelly Serial Number:							
Name of Dealership:							
Front Chain:	 CL2	 K4	 CL1	 SD49	 W36	 PCH	
Rear Chain:	 CL2	 K4	 CL1	 SD49	 W36	 PCH	
Additional Equipment/ Additional Chains Supplied:							
Place Of Delivery:							
Date Of Delivery:		/ /					

I acknowledge that:

I have received a Kelly Operators Manual to suit this machine	<input type="checkbox"/>
I have been shown in the manual where to find safety information, safe operating guidelines, technical specifications and warranty information	<input type="checkbox"/>
I have been shown the recommended maintenance checklist	<input type="checkbox"/>
I have been shown where to find information for this machine on the Kelly Website	<input type="checkbox"/>
I have received and completed the Warranty registration form	<input type="checkbox"/>

### Kelly Representative

### Machine Owner/Representative

Name:	Name:
Signature:	Signature:
Date: / /	Date: / /

Completed Machine Delivery Form to be returned to [warranty@kellytillage.com](mailto:warranty@kellytillage.com) within 7 days of delivery to the customer.

