



Please indicate which warranty you prefer by checking a box below.

ELECTRIC MOTOR EXTENDED WARRANTY

- Electric 1 Year Extended Warranty \$79.00 x ____ = \$ _____
- Electric 2 Year Extended Warranty \$125.00 x ____ = \$ _____

TRANSMISSION EXTENDED WARRANTY

- Transmission 1 Year Extended Warranty \$149.00 x ____ = \$ _____
- Transmission 2 Year Extended Warranty \$235.00 x ____ = \$ _____

(Hubs, Axels, and Brakes Excluded)

Voiding of Warranty:

THIS AND ANY OTHER WARRANTY SHALL BE VOID IF THE VEHICLE IS ABUSED OR USED IN AN UNINTENDED MANNER OR SHOWS INDICATIONS THAT IT HAS BEEN ALTERED IN ANY WAY, INCLUDING, BUT NOT LIMITED TO, MODIFICATION OF THE SPEED GOVENOR, BRAKING SYSTEM, STEERING TRANSAXLE, OR THER OPERATING SYSTEMS OF THE VEHICLE TO CAUSE IT TO PERFORM OUTSIDE OF MANUFACTURERS SPECIFICATIONS. THE WARRANTY IS LIKEWISE VOID IF THE VEHICLE INVOLVED SHOWS INDICATIONS THAT REASONABLE OR NECESSARY MAINTENANCE WAS NOT PERFORMED.

Sole Remedy:

MGC's LIABILITY UNDER THIS LIMITED WARRANTY, OR AN ANY ACTION WHETHER BASED UPON WARRANTY, CONTRACT, NEGLIGENCE, STRICT PROCUCT LIABILITY, OR OTHERWISE, SHALL BE THE REPAIR OR REPLACEMENT, AT MGC'S OPTION, OF THE VEHICLE COMPONENT THEREOF THAT MGC DEEMS TO BE DEFECTIVE. REPLACEMENT SHALL MEAN FURNISHING, DURING THE APPLICABLE LIMITED WARRANTY PERIOD, A COMPONENT THEREOF THAT IS AVAILABLE OR REASONABLY EQUIVALENT TO THE WARRANTED PRODUCT OR COMPONENT AT NO COST TO THE PURCHASER. REPAIR SHALL MEAN REMEDYING A DEFECT IN THE VEHICLE COMPONENT THEREOF AT NO COST TO THE PURCHASER DURING THE APPLICABLE LIMITED WARRANTY PERIOD. IF MGC ELECTS TO REPAIR THE VEHICLE COMPONENT, IT MAY PROVIDE NEW, RECONDITIONED, OR USED PARTS OR COMPONENTS, AT MGC'S OPTION. ALL PARTS AND COMPONENTS REPLACED UNDER WARRANTY SHALL BECOME THE PROPERTY OF MGC. WARRANTY DOES NOT COVER NOISE OR VIBRATIONS, CUPPLER, INPUT SHAFT, MOTOR BEARING OR BRUSHES. WARRANTY IS FOR MOTOR FAILURE ONLY. TRANSPORTATION AND HANDLING CHARGES ARE NOT COVERED BY THIS WARRANTY.

Serial Numbers Of Car(s) Covered _____

Name (please print) _____

Company Name (if applicable) _____

Address, City, State, Zip Code _____

Signed

Date