

Registration Card Information

All questions must be answered in order to receive your free SilverLite baseball hat.

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Contact Phone: _____

Date Purchased: _____ Email Address: _____

Dealership Name: _____

Model Purchased: _____ Serial# _____

Gender: Male Female Age 18- 24 25-35 36-45 46-55 56-65 65 and over

How did you find out about SilverLite Products? (Please Circle)

- Advertisement Trade show
- Friend Other

What other brand did you most consider? _____

What was your primary consideration in purchasing a SilverLite Trailer? (Please Circle)

- Reputation Quality Price Dealer
- Features Warranty Other

Did your dealer show you the features and benefits of SilverLite Trailers? YES NO

Were you treated with courtesy and respect at the dealership? YES NO

Did your dealer review the warranty packet with you? YES NO

What is the primary use of your trailer? (Please Circle)

- Trail Riding Ranch Endurance
- Horse Shows Rodeo Cutting
- Team Penning 4-H Other

What breed of horse(s) do you own? _____

Is this your first trailer? YES NO

Others brands owned? _____

Comments: _____

