

Verify Online Warranty System



Registration Form

Please note: Each dealer employee must fill out a separate form

Dealer Company Name _____

Dealer Employee Name _____

Dealer Address _____

City _____ State _____ Zip _____

Email Address _____ Company Phone Number _____

Cell Phone Number _____ Fax Number _____

ICP Distributor Business _____

Store Location _____

Already using Service Bench with another manufacturer? Please Circle One: **YES** **NO**

If your answer is yes, Service Bench will sync your user ID and passwords so that you only have one.

Dealer Signature _____

THANK YOU for your registration and interest in our new Verify Online Warranty System!

FOR OFFICE RECORDS ONLY

ICP Distributor Account Number _____

Distributor Dealer Account Number _____

