



## HONNEN SHIELD BASIC PROGRAM REGISTRATION FORM

Company: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Shipping Address for Kits (no PO boxes):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Billing Address for Invoicing (if different):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Unit #: \_\_\_\_\_

Current Hours: \_\_\_\_\_ Meter Date: \_\_\_\_\_

Initial Service Kit Requested:    -250    -500    -1000    -\_\_\_\_\_

500 hr Service Interval Every:    -250    -500    Other, please specify: \_\_\_\_\_

Last Service Performed (If past 2,000 hours, when was last 2k service performed?)    Hours: \_\_\_\_\_ Interval: \_\_\_\_\_ Date: \_\_\_\_\_

Other than fuel and coolant samples, all other parts will be shipped per the manufactures guidelines  
LESS FLUIDS.

All customer information should be documented on the registration form.

Note any changes to the program, customization, contact information, address changes, sample needs, interval changes or anything else that is pertinent to the program and confirm changes with the customer.



Items to verify with the customer before submitting registration:

Machine Serial# \_\_\_\_\_

YES    NO    N/A

Confirmed shipping address \_\_\_\_\_

Confirmed PO# or payment method \_\_\_\_\_

What Fluid Samples is the customer typically taking now, and at what intervals?

Engine \_\_\_\_\_

Hydraulic \_\_\_\_\_ (large particle count sample)

Transmission or Travel Gear Case (Excavator) \_\_\_\_\_

Axle or Swing Gear Case (Excavator) \_\_\_\_\_

Tandems (MG) or Pump Drive Gear Case (Excavator) \_\_\_\_\_

Hubs (MG) or Final Drive (Skid/Dozer) \_\_\_\_\_

If the customer requests any extra parts (filters, sample kits, etc...) be included, enter parts and interval information below.

Item(s): \_\_\_\_\_ Qty: \_\_\_\_\_ Interval(s): \_\_\_\_\_

Item(s): \_\_\_\_\_ Qty: \_\_\_\_\_ Interval(s): \_\_\_\_\_

Item(s): \_\_\_\_\_ Qty: \_\_\_\_\_ Interval(s): \_\_\_\_\_

Item(s): \_\_\_\_\_ Qty: \_\_\_\_\_ Interval(s): \_\_\_\_\_

Shield representative follow up with customer required:    Yes            No

By registering for the Shield Basic program the customer understands that kits will be invoiced and shipped at the designated interval above, unless contact is made with the Honnen Shield Coordinator to make any changes in the program or to terminate future kit shipments.

Notes:

Customer  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Honnen Rep. \_\_\_\_\_