



**Extended Protection Plan (EPP)
Enrollment Form**

_____ Yes! Enroll me in the EPP with Garrett Liners.

By signing this document, I am authorizing Garrett to charge an additional \$50.00 to the cost of every liner I/my Company orders and that I understand the terms of the plan.

I also understand that this charge will be applied to every liner order going forward (no retro-active considerations) and is effective immediately.

Enrollment is for one (1) year (no cancellations) and will automatically be renewed. If you do not wish to re-enroll, please contact sales@garrettliners.com

Company Name: _____

Company Representative (print): _____

Company Representative (signature): _____

Date: _____ **Garrett Signature:** _____

**Send completed form to sales@garrettliners.com or fax to 800-222-5250.*

(PLEASE DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY)

Date Received: _____

By who (initials): _____