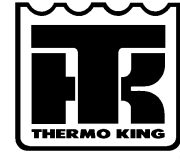




# Convoy Servicing Company

DBA, Thermo King of Dallas, Denver, Ft. Worth, Lubbock, Shreveport

## Certificate of Assurance



Congratulations on your purchase of this used truck or trailer, (VIN# \_\_\_\_\_) equipped with a model \_\_\_\_\_ refrigeration unit. We at Convoy Servicing Company have serviced and inspected the unit to ensure proper operation.

Convoy Servicing Co. (CSC) is pleased to place this unit (S/N \_\_\_\_\_) into our **Used Unit Assurance Program**. This program provides the warranty for 90 days on major components. Any required repairs will be coordinated by CSC, replacement parts may be new, used, or rebuilt, at the discretion of CSC. The preferred locations for repairs would be Convoy Servicing Company facilities in Dallas, TX, Denver, CO, Ft. Worth, TX, Lubbock, TX, or Shreveport, LA. We will honor repairs done by other Thermo King Dealers if necessary. Repairs must be performed during regular business hours. The Customer is responsible for any costs incurred by requiring after hours or holiday callout service.

This program specifically excludes repairs which are necessitated by:

- abuse and/or neglect
- lack of maintenance
- any damage caused by wrecks or accidents

**Present this certificate to Authorized Dealer for Repairs**

**To Authorized Dealer:  
Phone 214-838-3050 for Authorization and Payment  
Ask for Service Department**

This assurance program covers the operation of the refrigeration unit only, and in no way indicates Convoy Servicing Company has any responsibility for cargo, freight or personal damage which may be caused by improper operation or failure of this refrigeration unit. This program is non-transferable and applies to the identified unit as it is currently installed on the above specified truck or trailer.

**Coverage only includes:**

**Engine Block, Cylinder Head, Injection Pump, Compressor Body and Manifold, Microprocessor**

**Accepted by:**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Warranty  
Period:**

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Ending Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
CSC Location & Phone

\_\_\_\_\_  
CSC Representative