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TRANSFER OF OWNERSHIP

Today's Date _____

We hereby inform you of the sale of a used Aerial Work Platform per ANSI/SIA Standards.

Date of Sale _____

Skyjack Zoom Boom

Model _____ Serial Number _____

Seller _____

Contact Name _____

Phone _____ Fax _____

Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Sold to _____

Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone _____ Fax _____