



# WARRANTY CLAIM FORM

THIS FORM IS TO BE COMPLETED BY THE RETAIL DEALER AND SUBMITTED TO THEIR SUPPLYING DISTRIBUTOR FOR RETURN TO THE MANUFACTURER

PICTURES OF EACH CLAIM SHOULD BE INCLUDED WITH THE FORM. IF THE WARRANTY IS ACCEPTED, THE COMPLETE TIRE OR THE DOT TAGS CUT FROM THE TIRE MUST BE RETURNED.

**DISTRIBUTOR NAME:**

**DATE:**

**LOCATION:**

**A#:**

**RETAIL DEALER NAME:**

Did you perform the  
mount/balance of these  
tires?

Address

City

State

Zip

Did you install these  
directly on this vehicle?

Phone

**CONSUMER NAME:**

Address

City

State

Zip

**VEHICLE INFORMATION:**

Year

Make

Model

Mileage at Purchase

PSI Front

Current Mileage

PSI Rear

Suspension Modification? (none, lowered, leveled, lifted)

**TIRE INFORMATION:**

Describe the Issue?

Make

Model

Remaining Tread Depth

DOT Code with Date