

Warranty Claim Form



Customer Information

Customer:		Location:	
Contact Person:		Phone #:	

Tire Information

Brand #:		Tire Size:	
Make:		Design:	
Serial #:		32nds:	

Machine Information

Machine Make:		Model:	
Tire Position:		Application:	
Date Installed:		Date Removed:	
Hours Installed:		Hours Removed:	

Reason For Removal:

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Date: _____

SUBMIT TO POLAR

Office Use Only

Original Tire Information		New	Used	RTD	C-RTD
Old Brand #'s:					
Original 32nds:		% of Tread Wear:			
Original Invoice #:					
Inspection Results:					
Final Results:					

Date Tire Received By Plant: