

# 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:			

Date: \_\_\_\_\_

## 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: