

Warranty Claim Form



Claim #:	
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Customer Information:

Customer:		Location:	
Contact Person:		Phone #:	
Customer Customer:		Email:	

Current Tire Information:

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

Polar Original Sale Information:

Original Brand #:		Invoice #:	
Type	Used	N RTD	U RTD
Original 32nds:		Ship Date:	
Sales Rep:		Zone:	

Machine info

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

Reason For Removal:

Date of Pick Up:		Received at Plant:	
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Inspection Results:

Final Results:
