TIRE RETURN / ROAD HAZARD WARRANTY / NEW DEFECTIVE CLAIM FORM

☐ TIRE RETURN ☐ ROAD HAZARD ☐ NEW DEFECTIVE Claim #: _____

DEALER INFORMATION
ACCOUNT #:
COMPANY NAME:
CONTACT PERSON: (PHONE & EMAIL)

DEALER MUST COMPLETE ENTIRE FORM OR CLAIM CANNOT BE PROCESSED FOR CREDIT

TIRE INFORMATION	
TIRE PRODUCT NUMBER:	
TIRE SIZE:	
QUANTITY:	TIRE MILEAGE RECEIVED:

CUSTOMER INFORMATION
CUSTOMER NAME:
CUSTOMER PURCHASE DATE:
INVOICE NUMBER:

(Must send in proof of rotation records for mileage claims)

EXPLAIN IN DETAIL THE REASON FOR THE ROAD HAZARD ADJUSTMENT:
**MARK THE LOCATION & WRITE COMPANY NAME ON TIRE

SUBMITTED TIRE DOT NUMBER	SUBMITTED TIRE PRODUCT NUMBER	TREAD MEASURE	REPLACEMENT TIRE PURCHASE DATE	REPLACEMENT TIRE PRODUCT NUMBER	CUSTOMER BASE PRICE	% COLLECTED	REPLACEMENT PRICE

For Office Use Only: Driver: _____ Loc: _____ Inv#: _____ Amt: _____