

FORM IN01 (PT/NA)

TIRE INSTALLATION

(to be completed at the time of purchase)

DATE:

ODOMETER READING

RETAILER INFORMATION		
RETAILER NAME		
ADDRESS		
CITY	STATE	ZIPCODE

TIRE INFORMATION	
TIRE NAME	SIZE

DOT NO.: TIRE #1												
DOT NO.: TIRE #2												
DOT NO.: TIRE #3												
DOT NO.: TIRE #4												
DOT NO.: TIRE #5												
DOT NO.: TIRE #6												

VEHICLE INFORMATION												
VIN (VEHICLE IDENTIFICATION NUMBER)												
VEHICLE MAKE	VEHICLE MODEL						MAKE YEAR					

CUSTOMER INFORMATION		
CUSTOMER NAME		
ADDRESS		
CITY	STATE	ZIPCODE

TIRE REMOVAL INFORMATION (TO BE FILLED IN AT THE TIME OF REMOVAL)	
DATE	ODOMETER
RETAILER'S NAME	
RETAILER'S ADDRESS	
RETAILER'S SIGNATURE	

NOTE: Tire owner must retain this form and ensure that the retailer completes it at the time of installation. To validate a limited warranty claim, the information on this page must be completed and attached to the warranty claim form.

