



# Warranty Claim Form

- THIS FORM IS TO BE COMPLETED BY THE RETAIL DEALER AND SUBMITTED TO THEIR SUPPLYING DISTRIBUTOR FOR RETURN TO ATTURO TIRE
- PICTURES OF EACH CLAIMED TIRE SHOULD BE INCLUDED WITH THE FORM. IF THE WARRANTY IS ACCEPTED, THE COMPLETE TIRE OR THE DOT TAGS CUT FROM THE TIRE MUST BE RETURNED

<b>Distributor Name:</b>	
<b>Location:</b>	

<b>Retail Dealer Name</b>		
<b>Address</b>		
City	State/Prov	Zip/Post Code
Phone	Email	Contact
Date of Purchase	Did you perform the mount/ balance of these tires? (Y/N)	Did you Install These Directly on This Vehicle? (Y/N)

<b>Consumer Name</b>		
<b>Address</b>		
City	State/Prov	Zip/Post Code

<b>Vehicle Information</b>		
Year	Make	Model
Mileage at Purchase	Current Mileage	Wheel Size
PSI Front	PSI Rear	
Suspension Modification? (none, lowered, leveled, lifted)		

<b>Tire Information</b>	
Model	Size
Remaining Tread Depth	DOT Code with Date

Describe the Issue
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