

ADJUSTMENT FORM

1-800-589-7717

1-260-692-6702



Claim Date _____

35850

Dealer

Customer

Street Address

Street Address

City, State, Zip

City, State, Zip

Phon #

Phon #

Tire Information

Tread Depth _____/32

Stock Number _____

DOT # _____

Size

Brand

Description

Ply

Nature of Complaint _____

Purchase Date _____

Mileage _____

AG-Ind or Hours _____

Position of tire _____

Vehicle Information

VIN # _____

Year, Make, Model _____

Ag or Industrial Tires - Proof of Purchase Required

Dealer Signature

Driver Signature