



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

Distributor Name:	
Location:	

Retail Dealer Name		
Address		
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)

Consumer Name		
Address		
City	State/Prov	Zip/Post Code

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

Tire Information	
Model	Size
Remaining Tread Depth	DOT Code with Date

Describe the Issue
