

Warranty Claim Form for PCR / LT

Maxxis International

MAXXIS Technology Center
480 Old Peachtree Road
Suwanee, GA 30024-2977
PH. 1-866-509-7067
Fax. 770-822-4361

Cheng Shin Rubber, USA



Distributor's Name:	Distributor's Point of Contact:	Claim Number
Distributor's Address:	Phone Number:	
	Fax Number:	

To Be Completed By Distributor								Official Use			
Tire No.	Dealer's Name (Mileage)	Part Number	Size and Description	D.O.T. Serial No.	Made in T/C	Tread Depth Remaining (32nds)	Reason for Claim	Inspection Result	Tread Depth New (32nds)	Tread Depth Used (%)	Credit (Y/N)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Notes:

Total Number of Tires:
Total Number Compensated:
Total Number Not Compensated:

RA Number: _____ Date Claim Completed: _____

Warranty Claim Summary Form for Trailer

Maxxis International

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Distributor's Name:	Make:	Claim Number
Distributor's Address:	Model of Vehicle:	
	Year:	
Customer:	Date of Purchase:	
	Date of Tire Removal:	
	Estimated Mileage on Tire:	

To Be Completed By Distributor								Official Use			
Tire No.	Dealer's Name	Part Number	Size and Description	D.O.T. Serial No. (11 digits)	Made in T/C	Tread Depth Remaining (32nds)	Reason for Claim	Inspection Result	Tread Depth New (32nds)	Tread Depth Used (%)	Credit (Y/N)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Notes:

Total Number of Tires:
Total Number Compensated:
Total Number Not Compensated:

RA Number: _____ Date Claim Completed: _____