

DATE

PLACE

SIGNATURE



ARMSTRONG TUFF 360™ WARRANTY CLAIM FORM

| WARRANTY CLAIM FORM | |
|-----------------------|------------------------------------|
| | CUSTOMER INFO |
| NAME | |
| ADDRESS | |
| CITY | |
| STATE | |
| ZIP CODE | |
| PHONE | |
| DEALER INFO | |
| NAME | |
| CONTACT PERS | SON |
| ADDRESS | |
| CITY | |
| STATE | |
| ZIP CODE | |
| PHONE | |
| | |
| | TYRES PURCHASED |
| PATTERN | |
| SIZE | |
| QUANTITY | |
| INVOICE NO. | |
| CAR MAKE | MODEL YEAR LICENSE # TYRE POSITION |
| | |
| | |
| | D.O.T. IDENTIFICATION NO. |
| | |
| OD | OMETER READING DATE |
| ON | |
| OFF | |
| DESCRIPTION COMPLAINT | |
| | DESCRIPTION GOIVII PARM |
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