



TIRE WARRANTY CLAIM FORM

[PLEASE PRINT ALL INFORMATION]

[ALL INFORMATION REQUESTED MUST BE PROVIDED OR CLAIM WILL NOT BE CONSIDERED]

[RETURN COMPLETED FORM BACK TO SUPER GRIP CORPORATION AS NOTED BELOW]

DATE OF CLAIM: _____

CURRENT HOUR METER READING: _____

CLAIMANT INFO (Owner/User of Tire)

COMPANY _____	CONTACT NAME _____
SHIP TO ADDRESS: _____	
MAIL DELIVERY ADDRESS: _____	
CITY, STATE: _____	ZIP: _____
PHONE: (____) _____	FAX: (____) _____

TIRE INFO

TIRE SIZE AND TYPE: _____	
SERIAL NUMBER OR DATE CODE ON TIRE: _____	
TYPE TIRE: <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PNEUMATIC SHAPED SOLID <input type="checkbox"/> PRESS ON <input type="checkbox"/> OTHER	
PURCHASE DATE: _____	DATE TIRE WAS PLACED IN SERVICE: _____
HOUR METER READING WHEN TIRE WAS INSTALLED _____	TOTAL HOURS USED _____
TYPE OF EQUIPMENT ON WHICH TIRE IS USED: _____	
DESCRIBE APPLICATION (USE) OF TIRE: _____	
DESCRIBE PROBLEM WITH TIRE: _____	

PROVIDE FOLLOWING INFORMATION ON SOURCE (BUSINESS) WHICH SUPPLIED TIRES TO YOU:

NAME OF BUSINESS: _____	
MAIL DELIVERY ADDRESS: _____	
CITY, STATE: _____	ZIP: _____
PHONE: (____) _____	FAX: (____) _____
CONTACT PERSON NAME: _____	

ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT THIS IS A CLAIM FORM ONLY AND THAT DECISION WILL BE MADE BY SUPER GRIP CORPORATION AS TO WHETHER ANY WARRANTY IS APPLICABLE. DATED THIS _____ DAY OF _____, 20_____

Signed: _____

[Print Name]: _____

Return this claim form completed entirely along with pictures showing defect and proof of purchase to:

Super Grip Corp.

PO Box 245 Piney Flats, Tn. 37686

Or email to:

warranty@supergrip.net

Phone: 423-538-8605

Fax: 423-538-6885

SUPER GRIP USE ONLY:

DATE RECEIVED: _____

NOTES:

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