



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: PNEUMATIC PNEUMATIC SHAPED SOLID PRESS ON 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:

klane@supergrip.net

Phone: 423-538-8605 Fax: 423-538-6885

SUPER GRIP USE ONLY:

DATE RECEIVED: _____

NOTES: