

*****IMPORTANT*****

OMB Control No. 2127-0050

In case of a recall, we can reach you only if we have your name and address. You **MUST** send in this card to be on our recall list. **DO IT TODAY!**

SHADED AREAS MUST BE FILLED IN BY SELLER

Please Print Tire Brand Sold Below

Date: _____ / _____ / _____

CUSTOMER'S NAME (PLEASE PRINT FIRST AND LAST NAME)

CUSTOMER'S ADDRESS

CITY STATE ZIP

SELLER COMPLETE (CAN BE RUBBER STAMPED)

SELLER NAME		
SELLER'S ADDRESS		
CITY	STATE	ZIP

TIRE IDENTIFICATION NUMBERS												
QTY	1	2	3	4	5	6	7	8	9	10	11	12

*IMPORTANT: FEDERAL LAW RESTRICTS ABOVE INFORMATION PROVIDED TO BE USED FOR THE RECALL PURPOSES ONLY.

AFFIX
POST
STAMP
HERE



ATTN: Tire Warranty
4140 Steel Bar Ave.
Cooper, TX 75432