



Tire Warranty Claim

4655 N. Rancho Dr.
Las Vegas, NV 89130
Phone: 702-395-0789
Fax: 702-395-0962

All information requested must be filled out completely and legibly or claim will not be considered. Fax the completed form back to Super Grip West.

Date of Claim: _____

Provide the Following Information about Your Company:

Equipment Owner Name: _____

Ship to Address: _____

Mail Delivery Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

Contact Person Name: _____

Provide the Following Information about the Tires:

Size/Description of Tire: _____ **Current Tire Diameter:** _____

Product/Date Code on Side of Tire: _____ **# of Tires Claimed:** _____

Tire Type: Press-on Pneumatic Tubeless
 Solid Shaped Pneumatic Tube Type

Date Tires were Delivered to Claimant: _____ **Date Tires were Placed in Service:** _____

Description of Equipment that Tires are installed on (Manufacturer, Model, year): _____

Describe Use of Tires: _____

Hours of Use on Tires: _____ Drive Tire Steer Tire

Describe Problem: _____

Provide the Following Information on the Business who Supplied the Tires to you:

Name of Business: _____

Mail Delivery Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

Contact Person Name: _____

