



# Tire Warranty Claim

4241 S. Arville St.  
Las Vegas, NV 89103  
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:** \_\_\_\_\_

**Verification**

The above information is true and correct. I understand that this is a claim form only and that decision will be made by Super Grip West as to whether any warranty is applicable.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Are Photos of the Tires Attached?       Yes       No

<i>Super Grip West Office Use Only</i>	
<b>Date:</b> _____	
<b>Notes:</b> _____	