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: ____________________________________________

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: ____________________________________________