GTW TIRE WHOLESALERS

www.GtwTires.com

CLAIM ADJUSTMENT FORM

Your Claim #	
Date	

OWNER/CUSTOMER INFORMATION	ASS./SUB DEALER INFO	DISTRIBUTOR'S INFORMATION
Name:	Name:	Name:
Address:	Address:	Address:
City, State, ZIP:	City, State, ZIP:	City, State, ZIP:

Vehicle:	Year:	Make:	Model:	VIN#:

CLAIM INFORMATION

	TIRE INFORMATION							
	BRAND	PATTERN	SIZE	PR	DOT#	R.T.D.	DESCRIPTION OF FAILURE	REMARKS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Claim adjustment form with DOT strip & photo to show failure area clearly should be submitted to GTW OF TAMPA.

Must fill in vehicle information in case of Ride Disturbance Claim.

R.T.D.: Remaining Tread Depth VIN#: Vehicle Identification Number(last 6-7 figures)

CUSTOMER SIGNATURE

I hereby certify that the foregoing statements are correct, that I am the owner or authorizes person of the product presented for claims, and that the product described was not involved in any accident and/or property damage.

Owner/Customer's Signature

Sub-Dealer's Signature