

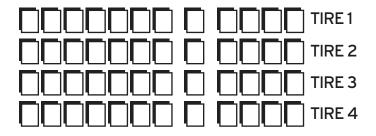
TIRE INSTALLATION FORM

CUSTOMER INFORMATION

VEHICLE INFORMATION

Name:	Make / Model:
Address:	Odometer Reading: (When Tires Installed)
City:	
State: Zip Code:	Recommended Tire Pressure PSI
Phone #:	
Email Address:	

Example:	Required	Optional	Required
DOT	70MR2FL		0708



TIRE REMOVAL INFORMATION					
Odometer Reading	Date	Retailer	Retailer		
When Tires Removed	Removed	Name	Signature		