



TIRE INSTALLATION FORM

CUSTOMER INFORMATION

Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone #: _____
 Email Address: _____

VEHICLE INFORMATION

Make / Model: _____
 Odometer Reading: _____
 (When Tires Installed)
 Recommended Tire Pressure ___ PSI

Example:
 DOT
70MR2FL

0708

TIRE 1
 TIRE 2
 TIRE 3
 TIRE 4

TIRE REMOVAL INFORMATION

Odometer Reading When Tires Removed	Date Removed	Retailer Name	Retailer Signature
_____	_____	_____	_____