



BAR CODE AREA

XXXXXXXXXX

1 DATE OF CLAIM		
MONTH	DAY	YEAR

**PASSENGER & LIGHT TRUCK TIRE
LIMITED WARRANTY
CLAIM FORM**

OWNER INFORMATION AND CERTIFICATION	
NAME OF OWNER 2	
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE NUMBER HOME () WORK ()	
E-MAIL	
I hereby certify that to the best of my knowledge the foregoing statements are correct, that I am the owner of the product(s) presented for claim and that the product(s) described was (were) not involved in any accident, personal injury, consequential damage or other loss. I accept this adjustment in lieu of all further claims. I understand that the product(s) returned for replacement become the property of Horizon Tire Co.	
I further certify that the condition of the product(s) for which this claim is submitted is not covered by any other mileage, road hazard, or other warranty or protection plan purchased from or provided by the selling Dealer at the time of, or subsequent to, original purchase.	
OWNER'S SIGNATURE	DATE
X	

VEHICLE / TIRE INFORMATION			
YEAR	MAKE	MODEL	SPLIT FITMENT
3			
VIN (Vehicle Identification Number)			
4			
NEW TIRE SIZE AND DESCRIPTION INSTALLED		MSPN OF NEW TIRE	
SIZE 5		6	
DESCRIPTION		CURRENT RETAIL PRICE	
		7	
Tires Originally Obtained:	8	DATE OF PURCHASE	9
<input type="checkbox"/> ORIGINAL EQUIPMENT	<input type="checkbox"/> REPLACEMENT	For	REMOVED TIRE MILEAGE
		Mileage Warranty:	10
RETAIL INVOICE NUMBER OR WORK ORDER NUMBER			
11			

DEALER INFORMATION

(Sold by)

Dealer Name		
Address		
City	State/Prov	Zip/Postal Code

	PSI		PSI
FRONT		REAR	
Tire inflation per Vehicle Placard			

Vehicle
Model
Year

Qty
Size
Design
Date
Dealers Invoice #
Salesman

MILEAGE WARRANTY ROTATION SCHEDULE -- VALID ONLY IN THE UNITED STATES AND CANADA

Rotation Schedule - Must be maintained and updated to receive coverage.

Rotation Miles/KM	Date	Odometer Reading	Rotation Miles/KM	Date	Odometer Reading

	-		=	
Odometer at Wearout		Minus Odometer at Time of Installation		Equals Miles/ Kilometers Received