



Tire Installation Form

Date of Tire Purchase: _____ / _____ / _____

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: Required Optional Required

DOT 7 0 M R 2 F L 0 7 0 8

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>TIRE #1</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>TIRE #2</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>TIRE #3</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>TIRE #4</i>

Tire Removal Information

Odometer Reading
When Tires Removed

Date
Removed

Retailer
Name

Retailer
Signature

____/____/____
