TIRECO INC.

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

☐☐☐☐☐☐☐ ☐ ☐☐☐☐ *TIRE #1*
☐☐☐☐☐☐☐ ☐ ☐☐☐☐ *TIRE #2*
☐☐☐☐☐☐☐ ☐ ☐☐☐☐ *TIRE #3*
☐☐☐☐☐☐☐ ☐ ☐☐☐☐ *TIRE #4*

Tire Removal Information

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