

Pending Warranty Claim Form

THIS FORM MUST BE ACCURATELY COMPLETED AND SIGNED BY THE DEALER. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

DEALER NAME					TOTAL TIRE DISTRIBUTORS WILL PROCESS WARRANTY TIRES BASED ON THE GUIDELINES SET OUT BY THE MANUFACTURER			
ADDRESS								
CITY / PROV								
POSTAL CODE		EMAIL ADDRESS			DATE:		CLAIM #:	
TELEPHONE#			FAX#		ORIGINAL INVOICE #:			
ODOMETER ON			ODOMETER OFF					
ITEM#	SIZE	PLY	DOT #	MANUFACTURER	TIRE MODEL	RTD/32	REASON FOR SELECT OPTIONS 1-5	
1								
2								
3								
4								
5								
6								
7								
8								

- 1. OUT OF ROUND (RIDE)
- 2. SEPARATION
- 3. MILEAGE
- 4. ROAD HAZARD
- 5. OTHER (PLEASE EXPLAIN)

Submit your completed form to warranty@totaltire.ca

DEALER SIGNATURE

TOTAL TIRE _____
Distributors Inc.

FOR OFFICE USE ONLY YES NO
APPROVED