



ROTATION CARD

DEALER STAMP	Mileage	Date
	_____	_____
	Odometer	PSI
_____	_____	_____

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	_____	_____
	Odometer	PSI
_____	_____	_____

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_____	_____	





USER DATA

First and Last Name: _____

Address: _____ CP: _____

Phone: _____ Email: _____

Purchase Date: _____ Tyre Brand and Model: _____

Kilometers Driven: _____

Make and Model of the Vehicle: _____

Registration: _____ Registration Year: _____

DOT: _____ / _____ / _____ / _____

DEALER STAMP





RECLAMATION

Workmanship and Materials Defect

Date:

Mileage Warranty Claim

Kilometers when disassembling:

Road Hazard Replacement

Kilometers Travelled:

30-Day Money Back, No Questions Asked

Depth:

It is essential to attach photos of DOT, tread, and / or defect or impact

