



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

<i>Example:</i>	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

_____/_____/_____
