



TIRE WARRANTY CLAIM FORM

Date: _____

Dealer Name: _____ Customer Name: _____

Address: _____
City State Zip Code

Contact Phone No.: _____ Email: _____

Ship to address: Check if same as above.

Company: _____ Contact: _____

Address: _____
City State Zip Code

Unit Information: _____
Year (Mfg.) Model Manufacturer

VIN No.: _____ Date of Purchase: _____

No. of Defective Tires: _____ Tire Brand/Model: _____

Tire Size: _____ Tire Load Range: _____

Tire DOT Code(s): _____ DOT Date(s): _____

Description of Defect: _____

Please send the following to Warranty@Hispecwheel.com:

- Picture of tires clearly showing defect (All defective tires)
- Pictures of tires sidewall and/or tread pattern
- Picture of tires DOT code and DOT date from sidewall

PLEASE NOTE:

Evaluating warranty claims average 5-7 days, additional time and information may be required

ALL INFORMATION IS REQUIRED TO PROCESS CLAIM

Please complete form and email or fax back to Warranty@Hispecwheel.com or 574-807-8596.