



ARMSTRONG LIMITED WARRANTY CLAIM FORM

CUSTOMER INFO

NAME	
ADDRESS	
CITY	
STATE	
ZIP CODE	
PHONE	

DEALER INFO

NAME	
ADDRESS	
CITY	
STATE	
ZIP CODE	
PHONE	

TIRES PURCHASED

PATTERN	
SIZE	
QUANTITY	
INVOICE NO.	

CAR MAKE	MODEL	YEAR	LICENSE #

D.O.T. IDENTIFICATION NO. (12 Digits)

ODOMETER READING		DATE	
ON			
OFF			