



LIMITED WARRANTY CLAIM FORM - AFTER MARKET

Send all completed information and photos to: claims@atgtire.com

ALLIANCE Dealer: _____	End user: _____
Account #: _____	_____
Address: _____	_____
_____	_____
Telephone #: _____	
Cust Claim #: _____	WARR # _____
Prepared By: _____	For our purposes
Date: _____	
Item #: _____	Install Date: _____
Tire Size: _____	Removal Date: _____
Ply: _____	Equipment: _____
Design/Model: _____	Application: _____
Serial #: _____	Hrs in Service: _____
DOT #: _____	Mileage: _____
Original Tread: _____	Air Pressure: _____
Remaining Tread: _____	Wheel Position: _____
(32nds)	

REQUIRED PHOTOS

- 1 WHOLE TIRE/GROUP
- 1 TREAD
- 1 SERIAL NUMBER
- 1 DOT IF APPLIES
- 2 VISIBLE DEFECTS

Tire 1 of _____

We require all photos from each tire, as well as a proof of purchase

Description of the failure and why it was taken out of service below:

Please skive off serial number upon claim approval.

You can now sign up for our Warranty Wizard App on the web and smartphone: www.atgwarrantywizard.com



Tel: direct line 339 900-8030 Fax: 339 900-8069 - Email: rsergi@atgtire.com