



# Toe Tire Claim Form

Dealer Name \_\_\_\_\_

Customer Name \_\_\_\_\_

Dealer Address \_\_\_\_\_

Customer Address \_\_\_\_\_

Dealer City / State / Zip \_\_\_\_\_

Customer City / State / Zip \_\_\_\_\_

Dealer Phone \_\_\_\_\_

Customer Phone \_\_\_\_\_

Dealer Email (Optional)  
\_\_\_\_\_

Customer Email (Optional)  
\_\_\_\_\_

Dealer Signature \_\_\_\_\_

Customer Signature \_\_\_\_\_

Tire Purchase Date \_\_\_\_\_

Date Of Claim / Return: \_\_\_\_\_

Vehicle Odometer at Time of Purchase  
\_\_\_\_\_

Refund or  Replacement

Vehicle Odometer at Time of Claim  
\_\_\_\_\_

Reason for Replacement or Refund:

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_

Wet Handling  Noise Level

Tire Size \_\_\_\_\_

Dry Handling  Wandering

Tire Pattern \_\_\_\_\_

Ride Comfort

Tire Brand \_\_\_\_\_

Other Reason (Please Describe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOT# \_\_\_\_\_

*(The DOT# can be read on the sidewall)*

Complete this form in computer or by hand, print and sign. (Forms may be saved on your drive.) Enclose this completed form with tires, and ship to:

447 Speers Rd #21&22, Oakville, ON L6K 3S7

or email to [toetirefiles@gmail.com](mailto:toetirefiles@gmail.com)

Toe Tire North America Inc.  
447 Speers Rd #21&22, Oakville, ON L6K 3S7  
Tel: (647) 498-3377