



STANDARD CLAIM FORM

New Return or Warranty Claim (circle one) Date: _____

DEALER # _____ NAME: _____ CONTACT: _____

B/L#: _____ FRT PREPAID (BY DEALER) \$\$\$ AMOUNT: _____ TRKLINE: _____

CONSUMER NAME/ADDRESS: _____ Purchase Date: _____

DEALER PO#: _____ PB INVOICE/ORDER#: _____

QTY	STOCK#	DESCRIPTION (SIZE\MODEL)	D.O.T. SERIAL#	DWPS	F.E.T.	TREAD LEFT

DWPS = DEALER WHOLESALE PRICE – DEALER COST OF TIRE AT TIME OF SALE TO CONSUMER

REASON/EXPLANATION: _____

Please visit http://www.pitbulltires.com/downloads/pb_dealer_return.pdf for Return Procedures

DEALER SIGNATURE: _____ DATE: _____

CONSUMER SIGNATURE: _____ DATE: _____

PB ISSUED RGA#: _____ BY: _____ APPR: _____

DEALERS – ONCE YOU OBTAIN AN RGA# FROM US - PLEASE FAX TO PIT BULL RETURNS DEPT. 314.621.5396 or EMAIL RETURNS@PITBULLTIRES.COM