TIRECO INC.

TIRE INSTALLATION FORM

CUSTOMER INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone #: _____

Email Address: _____

Example:									Optional		Required			
DOT	7	0	M	R	2	F	L				0	7	0	8

VEHICLE INFORMATION

Make / Model: _____

Odometer Reading: _____
(When Tires Installed)

Recommended Tire Pressure ____ PSI

☐☐☐☐☐☐☐ ☐ ☐☐☐☐ TIRE 1
☐☐☐☐☐☐☐ ☐ ☐☐☐☐ TIRE 2
☐☐☐☐☐☐☐ ☐ ☐☐☐☐ TIRE 3
☐☐☐☐☐☐☐ ☐ ☐☐☐☐ TIRE 4

TIRE REMOVAL INFORMATION

Odometer Reading When Tires Removed	Date Removed	Retailer Name	Retailer Signature
_____	_____	_____	_____