*** IMPORTANT ***

In case of a recall, we can reach you only if we have your name and address. You MUST send in this card to be on our recall list* – – – – DO IT TODAY!

OMB Control No. 2127-0050

SHADED AREAS MUST BE FILLED IN BY SELLER

Register ONLY Brand Printed Below

ADVANTA

DATE ____ / ____ / ____

CUSTOMER'S NAME (PLEASE PRINT LAST NAME FIRST)

CUSTOMER'S ADDRESS **APT / SUITE**

CITY

STATE **ZIP CODE**

SELLER COMPLETE (CAN BE RUBBER STAMPED)

SELLER'S NAME

SELLER'S ADDRESS

CITY **ST** **ZIP**

TIRE IDENTIFICATION NUMBERS

QTY	1	2	3	4	5	6	7	8	9	10	11	12	13

***FEDERAL LAW RESTRICTS CUSTOMER NAME AND ADDRESS INFORMATION TO BE USED FOR RECALL PURPOSES ONLY!**