*** 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 FILLED IN BY SELLER

CHECK BRAND SOLD BELOW

☐ AMERITRAIL

☐ TREADSTAR

DATE ____ / ____ / ____

CUSTOMER'S NAME (PLEASE PRINT LAST NAME FIRST)

CUSTOMER'S ADDRESS **APT / SUITE**

CITY

STATE **ZIP CODE**

SELLER COMPLETE (CAN RUBBER STAMP)

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

*** INSTEAD OF MAILING THIS FORM YOU CAN REGISTER YOUR TIRES ONLINE AT WWW.ALLIEDWHEEL.COM/REGISTRATION**