

***** 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!**

CUSTOMER'S NAME (PLEASE PRINT LAST NAME FIRST)

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CUSTOMER'S ADDRESS

APT / SUITE

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CITY

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STATE

ZIP CODE

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SELLER COMPLETE (CAN BE RUBBER STAMPED)

SELLER'S NAME

SELLER'S ADDRESS

CITY

ST

ZIP

OMB Control No. 2127-0050

SHADED AREAS MUST BE FILLED IN BY SELLER

AMERICAN OMNI TIRE REGISTRATION
Record American Omni Brand Sold Below

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DATE ___ / ___ / ___

TIRE IDENTIFICATION NUMBERS

QTY	1	2	3	4	5	6	7	8	9	10	11	12	13
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*FEDERAL LAW RESTRICTS CUSTOMER NAME AND ADDRESS INFORMATION TO BE USED FOR RECALL PURPOSES ONLY!