## *** 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**

TASKMASTER COMPONENTS

OMB Control No. 2127-0050

**SHADED AREAS FILLED IN BY SELLER**

**PLEASE PRINT BRAND SOLD BELOW**

**CUSTOMER'S NAME (PLEASE PRINT LAST NAME FIRST)**

**CUSTOMER'S ADDRESS** **APT / SUITE**

**DATE** ____ / ____ / ____

**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 |
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