

**30 DAY**  
**“TRUST OUR RIDE”**  
**TEST DRIVE**

Hercules Tire offers you the power of confidence with our **free** 30 day “Trust Our Ride” test drive on any set of our quality RoadTour<sup>655</sup>, Tour 4.0 Plus or Ultra Touring passenger tires.

**RIDE ON OUR STRENGTH.**



**HERCULES TIRES**

**RIDE ON OUR STRENGTH.**



If you are not satisfied with your new set of our quality RoadTour<sup>655</sup>, Tour 4.0 Plus or Ultra Touring passenger tires any time within 30 days of purchase, please return to the original place of purchase where you will be entitled to a full refund of the original purchase price of the tires. You will be required to present the original sales invoice, along with this card with the information section completed.

**NOTE:** The FREE "Trust Our Ride" Test Drive program is a supplement to the Limited Warranty that accompanied the tires you purchased. The warranty exclusions and limitations of the Limited Warranty apply to this Program. You will not be eligible for a 30-Day refund if the tires:

1. Are not installed on the original installation non-commercial vehicle
2. Were not operated in normal highway use in the United States or Canada
3. Exhibit damage from road hazards and punctures or repairs
4. Exhibit damage from defective wheel or vehicle conditions
5. Exhibit damage from negligence, abuse or improper inflation or load.

See the Hercules Limited Warranty Program for more detail about warranty exclusions and proper tire use and safety.



**HERCULES TIRES**  
RIDE ON OUR STRENGTH.

**30 DAY**  
**"TRUST OUR RIDE"**  
TEST DRIVE

To be completed by Authorized Dealer

Customer Information

Original Sales Invoice Number \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/ \_\_\_\_\_ Zip/ \_\_\_\_\_

Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Vehicle Information

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Tire Information

Date Purchased \_\_\_\_\_

Tire Size \_\_\_\_\_

Tire Name \_\_\_\_\_

Serial Number \_\_\_\_\_

Serial Number \_\_\_\_\_

Serial Number \_\_\_\_\_

Serial Number \_\_\_\_\_

Dealer Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/ \_\_\_\_\_ Zip/ \_\_\_\_\_

Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Dealer: The original completed information section (or copy thereof) must be attached to the Company Limited Warranty Claim Form when submitting for credit reimbursement.