



RETURN INFORMATION FORM

Dealer Name

Customer Name

Dealer Address

Customer Address

Dealer City / State / Zip

Customer City / State / Zip

Dealer Phone

Customer Phone

Dealer Email (Not Required)

Customer Email (Not Required)

Dealer Signature

Customer Signature

Dealer Contact

Date Of Claim / Return: _____

Tire Purchase Date:

Vehicle Odometer at Time of Purchase

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Vehicle Odometer at Time of Claim

□□□□□□

Refund or Replacement

Reason for Replacement or Refund:

Wet Handling

Noise Level

Dry Handling

Wandering

Ride Comfort

Other Reason (Please Describe):

Vehicle Make _____ Model _____ Year _____

Tire Size(s) _____ Tire Pattern _____

Complete this form in computer or by hand, print and sign. (Forms may be saved on your drive.) Enclose this completed form with a Limited Warranty Claim Form and the tires, and ship to:

EAST
3660 Highway 411 Northeast
White, GA 30184

WEST
2151 S. Vintage Ave.
Ontario, CA 91761

Please refer to Toyo Tires standard Dealer Adjustment Procedure Manual for more details.

* See ToyoTires.com/NoRegretsDealer for details.