



RETURN INFORMATION FORM

Dealer Name

Dealer Address

Dealer City / State / Zip

Dealer Phone

Dealer Email *(Not Required)*

Dealer Signature

Dealer Contact

Tire Purchase Date: _____

Vehicle Odometer at Time of Purchase

□ □ □ □ □ □

Vehicle Odometer at Time of Claim

□ □ □ □ □ □

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 [Toyota Tires standard Dealer Adjustment Procedure Manual](#) for more details.

*See toyotires.com/dealer-resources/trial-offer

Customer Name

Customer Address

Customer City / State / Zip

Customer Phone

Customer Email *(Not Required)*

Customer Signature

Date Of Claim / Return: _____

Refund or Replacement

Reason for Replacement or Refund:

Wet Handling *Noise Level*

Dry Handling *Wandering*

Ride Comfort

Other Reason (Please Describe):

