



3745 PETERSEN RD.
STOCKTON, CA 95215
PHN: 209-465-9000
FAX: 209-465-3770

NEW & USED **TIRE RETURN FORM**

ALL FIELDS ARE REQUIRED

OFFICE USE ONLY

VENDOR #:	_____
CLAIM #:	_____
INV #:	_____
STATUS:	_____

BUSINESS NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
PHONE: _____

RGA #: _____
(Authorized by TWM Employee)

DATE: _____

Office use ONLY

QTY	SIZE	BRAND / MODEL / PLY	DOT NUMBER	TREAD DEPTH 32/ND	REASON FOR RETURN / ADJUSTMENT	APPROVED YES / NO

THIS FORM MUST BE FILLED (BY AUTHORIZED PERSONAL) COMPLETELY AND CORRECTLY IN ORDER TO AVOID ANY DELAYS IN CREDIT PROCESS OTHERWISE OUR DRIVER WILL NOT PICKUP THE PRODUCT.
ACCEPTANCE OF TIRES DOES NOT OBLIGATE ISSUANCE OF CREDIT. TIRE AND WHEEL MASTER RESERVES THE RIGHT TO RETURN TIRES BACK TO THE DEALER

DEALER NAME
(PRINT)

TWM EMPLOYEE
(PRINT)

WAREHOUSE MANAGER
(PRINT)