



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

## **NEW & USED** **WHEEL RETURN FORM**

\*ALL FIELDS ARE REQUIRED\*

**\*OFFICE USE ONLY\***

|                  |       |
|------------------|-------|
| <b>VENDOR #:</b> | _____ |
| <b>CLAIM #:</b>  | _____ |
| <b>INV #:</b>    | _____ |
| <b>STATUS:</b>   | _____ |

**BUSINESS NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_  
**STATE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**RGA #:** \_\_\_\_\_  
(Authorized by TWM Employee)

**DATE:** \_\_\_\_\_

Office use ONLY

| QTY | SIZE/WIDTH/OFFSET | BRAND/MODEL | BOLT PATTERN | FINISH | REASON FOR<br>RETURN / ADJUSTMENT | APPROVED<br>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)