

# Instructions for Completing the Product Adjustment Claim Form

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1. Claim Number (Pre-numbered) **No Action Required**
2. Date the adjustment was made
3. Dealer's reference number
4. Sales invoice number for the replacement tire(s)
5. Information of consumer or business receiving an adjustment
  - a. Consumer or business name, address, city, state & zip code
  - b. E-mail address of consumer or business
  - c. Signature of consumer or authorized agent of the business
  - d. Phone number of consumer or business
6. Dealer/Store information to whom credit will be issued
  - a. Dealer/Store Address, City, State & Zip Code
  - b. Dealer's Goodyear Account/Non-Sig Number
7. Associate Dealer's/Branch Location's Information
  - a. Associate/Branch Name, Associate Dealer / G3X Account Number, Address, City State & Zip Code
8. Name of employee that completed the claim form
9. Phone number of employee that completed the claim form
10. Check the box of the account the credit should be issued to
11. National or Government Account Number
12. Delivery receipt number
13. Purchase order number
14. AN/GS number
15. Vehicle Information
  - a. Vehicle Year, Make, Model, Vehicle Identification Number
16. Tire Information
  - a. Tire Miles, Miles the tires received (Do not confuse with vehicle miles)
  - b. Original Equipment or Replacement Tires
  - c. Date customer purchased the tire(s), if no date entered, date of manufacturer will be used – **IMPORTANT**
17. Record any special information or comments that may be needed to process the claim
18. Tire Identification Number, also known as Serial Number or DOT Number
19. Product code of the tire being adjusted, not the replacement tire
20. Tire size and product line
21. Tread depth of adjusted tire (measure 3 points around the circumference, as close to the centerline as possible, average the three and record)
22. Calculate the replacement price based on the cost of the tire being adjusted. If replacing with a different tire, do not include the cost difference in the replacement price listed on the claim form.
23. Reason tire was removed from service/adjusted, i.e. cracking
24. Area of the tire that the condition for adjustment applies, i.e. bead. (Tread life Adjustments Must Have a Copy of the Original and Replacement Purchase Invoices)
25. Vehicle wheel position of the tire being adjusted
26. Approval/Sales Concession Number (if applicable)
27. Goodyear Office Use Only DO NOT USE

PRODUCT ADJUSTMENT CLAIM FORM



THIS FORM MUST BE COMPLETED BY THE DEALER OR STORE. THE CLAIM FORM MUST BE SIGNED BY THE OWNER OR HIS AUTHORIZED AGENT BEFORE CONSIDERATION WILL BE GIVEN FOR THE CLAIM. ADJUSTED TIRES BECOME THE PROPERTY OF THE GOODYEAR TIRE & RUBBER COMPANY.

CLAIM #	PRENUM <b>1</b> ED
DATE	<b>2</b>
DEALER'S REFERENCE #	<b>3</b>
INVOICE #	<b>4</b>

CONSUMER INFORMATION (PLEASE PRINT):

LAST / BUSINESS NAME	FIRST NAME
STREET ADDRESS	
CITY	STATE ZIP CODE
E-Mail Address	
I / WE hereby certify the statement of facts herein to be correct. I further certify that the only claim arising from the used merchandise described in this claim form is for replacement of the used merchandise and that no personal injuries, property damage or other loss is involved	
X _____ OWNER/OR AGENTS SIGNATURE	
OWNER'S TELEPHONE NO. - INCLUDING AREA CODE	

DEALER INFORMATION (PLEASE PRINT):

DEALER / STORE INFORMATION	CUSTOMER / NON-SIG / STORE #
STREET & NUMBER	
CITY	STATE ZIP CODE
ASSOCIATE DEALER / BRANCH LOCATION NAME	ASSOCIATED DEALER / G3X ACCOUNT NUMBER
STREET & NUMBER	
CITY	STATE ZIP CODE
NAME OF EMPLOYEE PREPARING CLAIM FORM	CLAIM FORM PREPARER'S PHONE NUMBER

CREDIT INFORMATION:

ISSUE CREDIT TO (CHECK ONE)
<input type="checkbox"/> DEALER/STORE
<input type="checkbox"/> NATIONAL
<input type="checkbox"/> GOVERNMENT ACCOUNT
NATIONAL / GOVERNMENT ACCT
DELIVERY RECEIPT #
PURCHASE ORDER #
AN# / GS#

VEHICLE INFORMATION:

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL
VEHICLE IDENTIFICATION NUMBER (VIN)		

TIRE INFORMATION:

TIRE MILES	<input type="checkbox"/> OE TIRES
DATE TIRE PURCHASED	<input type="checkbox"/> REPLACEMENT TIRES

SPECIAL INFORMATION/COMMENTS

TIRE IDENTIFICATION NUMBERS (DOT #)	PRODUCT CODE	TIRE SIZE & TYPE	TREAD DEPTH	REPLACE PRICE / CASING CREDIT	GOODYEAR OFFICE USE ONLY
REMOVAL REASON	REMOVAL AREA (check one)	TREAD LIFE CLAIM MUST INCLUDE COPY OF ORIGINAL PURCHASE INVOICE	TIRE POSITION	SALES CONCESSION / APPROVAL NUMBER	RCC COND SEC COND