

*** IMPORTANT ***

In case of a recall, we can reach you only if we have your name and address. You MUST send in this card to be on our recall list..... DO IT TODAY!

OMB Control No. 2127-0050
SHADED AREAS MUST BE FILLED IN BY SELLER

Please Print Tire Brand Sold Below

TRAILSTAR

CIMS CIMS All Brand Form — All Rights Reserved CIMS

DATE ____ / ____ / ____

CUSTOMER'S NAME (PLEASE PRINT LAST NAME FIRST)
[Grid for name entry]

CUSTOMER'S ADDRESS [Grid for address entry] APT / SUITE [Grid for apt/suite entry]

CITY [Grid for city entry]

STATE [Grid for state entry] ZIP CODE [Grid for zip code entry]

SELLER COMPLETE (CAN BE RUBBER STAMPED)

SELLER'S NAME [Shaded area]
SELLER'S ADDRESS [Shaded area]
CITY [Shaded area] ST [Shaded area] ZIP [Shaded area]

QTY	TIRE IDENTIFICATION NUMBERS												
	1	2	3	4	5	6	7	8	9	10	11	12	13

FEDERAL LAW RESTRICTS CUSTOMER NAME AND ADDRESS INFORMATION TO BE USED FOR RECALL PURPOSES ONLY!



Postage Required
Post Office will not
deliver without
proper postage



TIRE INDUSTRY REGISTRATION CENTER
PO BOX 1000
AKRON OH 44309-1000

