

## **PRODUCT ADJUSTMENT FORM**

Customer Signature:

## **Complete and fax to 800.352.0075**

Customer:Address:						Ship # RMA #						
Date:			_ Phone:			Invoice #						
Qty	Size	Ply	Tread Pattern	Mfg Date		Defect Description/Reason	Adj. Code	1	2	3	4	Product Code
TO DEC	LIFOT OPEDIT DI FACE E MANI	. TUIO FOR	M TO OANDDA W	ATERO SO A	DI IOI ETIDI	- 0014						
	UEST CREDIT: PLEASE E-MAII TURNED PRODUCTS MUST BE					E.CUIVI						
THERE	ARE NO WARRANTIES WHICH	EXTEND B	EYOND THE DATE	HEREOF. SI	ELLER SHA	er Seller has advised Buyer re LL NOT BE LIABLE FOR ANY II RITY TO MAKE ANY REPRESEN	NCIDENTA	L OR	CON	ISEQ	UENT	