



ROTATION CARD

| MILEAGE | DATE | ODOMETER | PSI | DEALER NAME / SIGNAGE |
|---------|------|----------|-----|--------------------------|
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PLEASE ENSURE THAT YOUR DEALER COMPLETES THE INFORMATION ABOVE AT THE RECOMMENDED SERVICE INTERVAL. NOTE: IN THE EVENT OF A MILEAGE CLAIM, PLEASE ATTACH THIS ROTATION CARD TO THE WARRANTY CLAIM FORM.

| CUSTOMER INFORMATION | | |
|----------------------|--|--|
| FIRST NAME | | |
| LAST NAME | | |
| STREET ADDRESS | | |
| CITY | | |
| REGION | | |
| POSTAL CODE | | |
| COUNTRY | | |
| PHONE NO. | | |
| E-MAIL | | |

| DATE OF PURCHASE TYRES? | | | | |
|-------------------------|--|--|--|--|
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YOU CAN ALSO FIND THESE FORMS ONLINE AT WWW.ARMSTRONGTYRES.COM/TUFF360