

APPROVED THROUGH 1-31-90, OMB NO. 2127-0050

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.

SHADED AREAS MUST
BE FILLED IN BY
SELLER

CUSTOMER'S NAME (PLEASE PRINT)	TYRE IDENTIFICATION NUMBERS												
	QTY.	1	2	3	4	5	6	7	8	9	10	11	12
CUSTOMER'S ADDRESS													
CITY STATE ZIP CODE													
NAME OF DEALER WHICH SOLD TYRES													
DEALER'S ADDRESS													
CITY STATE ZIP CODE													
DEALER CUSTOMER NUMBER													

Affix a
postcard
stamp

TYRE REGISTRATION CENTER
P.O. BOX 1440
AKRON, OHIO 44309-1440