



Wheel Warranty Questionnaire

\*ALL areas must be completed to validate warranty.

Please include purchasers:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact#: \_\_\_\_\_

Age: \_\_\_\_\_

What is the year / make / model of your vehicle?

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

What wheels did you purchase? Include name and size?

Wheel Series: \_\_\_\_\_

Model Name: \_\_\_\_\_

Color/Coating: \_\_\_\_\_

Wheel Size: \_\_\_\_\_

P.C.D. \_\_\_\_\_

What date did you purchase these wheels? \_\_\_\_\_

Do you have a proof of purchase/receipt for the wheels purchased?

(Yes/No) \_\_\_\_\_ (If Yes please include original receipt)

What retailer / dealer did you purchase your wheels from?

Please include the following:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

What seems to be wrong with the wheel? (Please be as specific as possible and attach pictures.) Detail the defects you observe and what may have caused it:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which service center shop mounted and balanced the wheels?  
(Contact Info Required: Company Name, Address, Phone Number)

Date Mounted on vehicle: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number / Contact: \_\_\_\_\_

Did you customize or modify the fitment of your wheels? Please detail:

Spacer Size: \_\_\_\_\_

Hub Adaptor: \_\_\_\_\_

Custom Paint: \_\_\_\_\_

Other(Please Describe): \_\_\_\_\_

Did you mount tires on the wheels? If so please specify tire manufacturer, tire size, speed rating and specs:

Tire Brand / Model: \_\_\_\_\_

Tire Size: \_\_\_\_\_

Speed rating: \_\_\_\_\_

High Performance / All Season: \_\_\_\_\_

What dates have you had your wheels mounted?

From: \_\_\_\_\_ To: \_\_\_\_\_

How often do you clean your wheels?

\_\_\_\_\_

What type of cleaning products do you use to clean your wheels? List any special wheel detergents used. Please list if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, have answered this questionnaire to the best of my knowledge and all information represented is in complete truthfulness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name