Commercial Tire Maintenance, Monitoring, Inflation

Warranty Activation Form

Purchase Date: _____

OE Distributor: _____

Fleet: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address:_____

Install Date: _____Trailer Serial #_____

Platinum System ☐ Quantity ☐

Gold System ☐ Quantity ☐

Other / Description:

System S/N if more than one please list in order

_____
_____
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If you would like to receive an update on your warranty please visit our website at tireinflation.com E-Mail this form to karriel@tireinflation.com

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