DENMAN TIRE CORPORATION

RETURN GOODS AUTHORIZATION FORM

DATE:_____ **DENMAN RGA#:**_____

RETURN FORM VIA FAX# 330-675-4222 OR EMAIL TO: sales@denmantire.com CUSTOMER CONTROL NUMBER _____

DENMAN USE ONLY:

RETURN CUT DOT NUMBERS ONLY: ☐

SEND TO:

DENMAN TIRE CORPORATION
400 DIEHL SOUTH ROAD
LEAVITTSBURG, OHIO 44430
ATTN: ADJUSTMENT DEPARTMENT
REF: RGA# - LISTED ABOVE

(A COPY OF THIS FORM MUST BE INCLUDED WITH THE DOT#S FOR CREDIT)

DENMAN USE ONLY:

RETURN ENTIRE TIRE: ☐

SEND TO:

DENMAN TIRE CORPORATION
400 DIEHL SOUTH ROAD
LEAVITTSBURG, OHIO 44430
ATTN: ADJUSTMENT DEPARTMENT
REF: RGA# - LISTED ABOVE

(COMPLETE RETURN INSTRUCTIONS TO FOLLOW)

CUSTOMER INFORMATION:

STORE NAME:_____ **CONTACT PERSON:** _____

ADDRESS:_____ **CITY:**_____ **STATE:**_____ **ZIP:**_____

PHONE#:_____ **FAX#:**_____ **EMAIL ADDRESS:** _____

NO	CODE	SIZE	BRAND		S	E	R	I	A	L		N	O	.		32NDS	REASON FOR RETURNING	ORIGINAL PURCHASE DATE	INTERNAL USE COMMENTS
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

ADDITIONAL RETURN INSTRUCTIONS: