



FILL ALL AREAS OF THE CLAIM FORM COMPLETELY
EXCLUDING HIGHLIGHTED AREAS



**MNA AGRICULTURAL TIRE
LIMITED WARRANTY CLAIM
FORM**

MICHELIN NORTH AMERICA, INC.

MNA SHIP TO NUMBER	<i>ORIGINAL COPY</i>	MONTH	DAY	YEAR

MNA DEALER	SELLING RETAILER		
STREET ADDRESS	STREET ADDRESS		
CITY / STATE / ZIP	CITY / STATE / ZIP		
PHONE # / FAX#	PHONE # / FAX#		
ADJUSTED TIRE SIZE / TIRE REMOVED	MSPN	ORIGINAL SELLING PRICE	RETAIL INVOICE NUMBER
NEW TIRE SIZE / TIRE INSTALLED	MSPN	CURRENT SELLING PRICE	RETAIL INVOICE NUMBER

TYPE OF CLAIM [A] - Workmanship / Materials [A-1] - Scraper [C] - Stubble Damage [C-1] - Stubble Shield [D] - 90 Day Promise [D-1] - Ultraflex 1 Year Promise [E] - Other

LINE#	TYPE OF CLAIM	DATE OF MANUFACTURE AND SERIAL NUMBER	WHEEL POS	TREAD DEPTH	CHARGE TO CONSUMER %	REASON FOR REMOVAL / RETURN	MATIC CODES
1							
2							
3							
4							
5							
6							

MACHINE YEAR / MAKE / MODEL / SERIAL NUMBER	() 2 WD	TOTAL HOURS	TIRE PRESSURE:
	() 4 WD		FRONT REAR

TIRES ORIGINALLY OBTAINED VIA	DATE OF PURCHASE	PURCHASED AT:
<input type="checkbox"/> ORIGINAL EQUIPMENT		
<input type="checkbox"/> REPLACEMENT		

OWNER INFORMATION AND CERTIFICATION

NAME OF OWNER	<p>I hereby certify that to the best of my knowledge the foregoing statements are correct, that I am the owner of the product(s) presented for claim and that the product(s) described was (were) not involved in any accident, personal injury, consequential damage or other loss. I accept this adjustment in lieu of all further claims. I acknowledge that acceptance of this adjustment at the time of replacement does not imply admission that any warrantable condition exists. I understand that the product(s) returned for replacement become the property of Michelin North America. I further certify that the condition of the product(s) for which this claim is submitted is (are) not covered by any other warranty or protection plan purchased from or provided by the selling Dealer at the time of, or subsequent to, the original purchase. Additionally, I was not charged any service fees for any "No Charge" adjustment claim in accordance with the applicable product warranty.</p>
ADDRESS	
CITY / STATE / ZIP	
TELEPHONE NUMBER	
HOME () WORK ()	OWNERS SIGNATURE DATE
SELLING RETAILER CERTIFICATION	MNA RETAILER CERTIFICATION

<p>I hereby certify that to the best of my knowledge the foregoing statements are correct. I further certify that the condition of the product(s) for which this claim is submitted is (are) not covered by any other warranty or protection plan purchased from or provided by the selling Dealer at the time of, or subsequent to, the original purchase. I acknowledge that I have already credited my customer at the time of replacement for products listed on this claim. I further understand that should Michelin North America learn of any other warranty or protection plan being applicable, it will be at its sole discretion to reject this claim or charge back any and all credits resulting from the processing of this claim.</p>	<p>I hereby certify that to the best of my knowledge the foregoing statements are correct. I further certify that the condition of the product(s) for which this claim is submitted is (are) not covered by any other warranty or protection plan purchased from or provided by the selling Dealer at the time of, or subsequent to, the original purchase. I acknowledge that I have already credited my associate/selling retailer upon receipt of and processing of this claim. I further understand that should Michelin North America learn of any other warranty or protection plan being applicable, it will be at its sole discretion to reject this claim or charge back any and all credits resulting from the processing of this claim.</p>
--	--

SELLING RETAILER SIGNATURE DATE	MNA DEALERS SIGNATURE DATE
X	X

MNA AGRICULTURAL TIRE SALES REPRESENTATIVE SIGNATURE FOR E CLAIMS ONLY

X DATE