

***** 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!

OMB Control No. 2127-0050
SHADED AREAS MUST BE FILLED IN BY SELLER

Register ONLY Brand Printed Below



DATE ____ / ____ / ____

CUSTOMER'S NAME (PLEASE PRINT LAST NAME FIRST)

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CUSTOMER'S ADDRESS APT / SUITE

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CITY

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TIRE IDENTIFICATION NUMBERS

STATE ZIP CODE

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QTY	1	2	3	4	5	6	7	8	9	10	11	12

SELLER COMPLETE (CAN BE RUBBER STAMPED)

SELLER'S NAME
 SELLER'S ADDRESS
 CITY ST ZIP

***Instead of mailing this form, you can register online at www.marastar.com/registration**

To Mail:
Place
Stamp
Here



Marastar Tire Registration
 C/O Customer Service
 PO Box 50770
 Bellevue, WA 98015

- 1) Print out this form
- 2) (Tri) fold along the dotted lines
- 3) Seal with adhesive tape
- 4) Affix postage & mail