



CLAIM FORM FOR TIRE REPAIRS

To be reimbursed for tire repairs, please complete this form. Once complete, please submit it, along with an invoice or repair order signed by the customer.

Below, enter the name, phone number, and email address (if available) of the person completing this form.

Name: _____

Dealer: _____

Phone: _____

Email: _____

Below, enter the customer's name, year, make, model and VIN of the vehicle.

Name: _____

Contract Number (if available): _____

Year: _____ Make: _____

Model: _____

VIN: _____

Below, enter tread depth (in 32nds) next to position of damaged tire(s).

LF: _____ RF: _____

LR: _____ RR: _____

Total charge for repairs: _____

Method of reimbursement (check one): check credit card

If credit card, fax number to fax payment: _____

Please be advised, payment is contingent upon a contract being entered in IAS' system. If customer's contract cannot be located, you will be contacted.

This form and the signed invoice/RO must be submitted to IAS, via mail, fax, or email.

IAS, L.P.

Attn: Tire Claims

1-800-888-8888

Austin, TX 78750

Fax: 512-257-4777

Email: claims@iasdirect.com