Customer Tire Rotation Consent Form

Customer Name
Vehicle Make
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Vehicle Model
Verlicle Model
Vehicle Year
License Plate
Date of Service
Date of Service
Odometer Reading
Consent
I authorize the rotation of tires on my vehicle and understand this service is provided as requested. I
acknowledge I have been advised of any recommendations concerning my tires.
Customer Signature
Date
Technician Name
Technician Signature
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Date