Tire storage receipt

Storage number: _____ **Date in:** _____ **Number of tires:** _____

Planned pickup (season or date): _____ **Storage location (rack, shelf):** _____

Customer

Name: _____

Phone: _____ **Email:** _____

Vehicle

Make and model: _____ **Plate:** _____

Tire set

Season: ☐ Summer ☐ Winter ☐ All-season

With rims: ☐ Yes ☐ No

Rim material: ☐ Steel ☐ Alloy

Also stored: ☐ Wheel bolts ☐ Hub caps

Condition of each tire

Position	Make and model	Size	DOT	Tread depth (mm)	Damage
Front left					
Front right					
Rear left					
Rear right					
Spare					

Please bring this receipt when you collect the tires.

Notes:

_____

_____

_____

_____ _____ _____

Handed over (customer signature) Received for the shop (signature) Date

_____ _____

Collected (customer signature) Date