02-01-002

IN CASE OF ACCIDENT GET THE FOLLOWING INFORMATION

DATE _____
TIME _____
LOCATION _____
NAME OF OTHER DRIVER _____
ADDRESS _____
LICENSE No. _____
MAKE OF VEHICLE _____
OWNER OF VEHICLE _____
ADDRESS _____
REGISTRATION No. _____
NAME OF POLICE OFFICER _____
NAME OF WITNESS _____
ADDRESS _____

CALL OUR SERVICE DEPARTMENT

CALL YOUR INSURANCE AGENT

DESCRIPTION OF ACCIDENT

DATE _____

THIS FOLDER CONTAINS:

Purchase Date _____
License No. _____
Serial No. _____
Model No. _____
Body Style _____
Key No. _____

☐ OWNERS MANUAL
☐ WARRANTY INFORMATION
☐ VEHICLE REGISTRATION AND TITLE
☐ INSURANCE PAPERS

NOTES

_____

STANDARD FLAP COPY

Please - Help us to help you by saving all of your Service Receipts in this folder.

_____

VEHICLE OWNER'S

Maintenance Folio

This Glove Box File-Folder Conveniently Holds:
SERVICE RECEIPTS – VEHICLE PAPERS – WARRANTIES – BOOKLETS – ETC.

Property of

NAME

ADDRESS

PROOF

Add Crests Here!
3 3/4" x 2 7/8" area
(Black ink)

Presented With Our Thanks

Add Your Logo & Imprint Here!
4 1/4" x 1 3/4" area
(Imprints: Black Ink)

Add Service Hours Here!
3 3/4" x 2 3/8" area
(Black ink)

Salesperson _____

LIST BELOW SERVICES YOU WISH PERFORMED WHEN YOU NEXT VISIT OUR SERVICE DEPARTMENT.

	Date

TRIP RECORD

From _____ To _____
Left _____ Arr. _____
Time _____ Date _____ Time _____ Date _____

Mileage _____
(Start) _____ (Arr.) _____
(Expenses) Description _____ Amount _____
_____
_____
_