02-01-004

CALL YOUR INSURANCE AGENT

CALL OUR SERVICE DEPARTMENT

IN CASE OF ACCIDENT GET THE FOLLOWING INFORMATION

DESCRIPTION OF ACCIDENT

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 ____

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

THIS FOLDER CONTAINS:

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

Purchase Date ____

License No. ____

Serial No. ____

Model No. ____

Body Style ____

Key No. ____

NOTES

STANDARD FLAP COPY

PROOF

Owners Name ____

Address ____

Presenting your . . .

"Car Owner's Companion"

Add Your Crest Here in PMS 185 (Red) 4" x 2 1/2" area

Add Your Logo & Imprint Here in PMS 185 (Red) 4" x 2 1/2" area

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 ____

TOTAL ____

TRIP RECORD

From ____ To ____

Left ____ Arr. ____

Time ____ Date ____ Time ____ Date ____

Mileage ____

(Start) ____ (Arr.) ____

(Expenses) Description ____ Amount ____

TOTAL ____

NOTES

STANDARD POCKET COPY