02-11-004

CALL YOUR INSURANCE AGENT

CALL OUR SERVICE DEPARTMENT

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

DESCRIPTION OF ACCIDENT

IN CASE OF ACCIDENT
GET THE FOLLOWING
INFORMATION

NOTES

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

THIS FOLDER CONTAINS:

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

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

STANDARD FLAP COPY

Owners Name _____

Address _____

Presenting your . . .

PROOF

"Car Owner's Companion"

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

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

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

STANDARD POCKET COPY

TRIP RECORD

From _____ To _____
Left _____ Arr. _____
Time _____ Date _____ Time _____ Date _____
Mileage _____
(Start) (Arr.)
(Expenses) Description Amount

TOTAL

NOTES