

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

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 _____

STANDARD
FLAP COPY

NOTES
 Key No. _____
 Body Style _____
 Model No. _____
 Serial No. _____
 License No. _____
 Purchase Date _____
 OWNERS MANUAL
 WARRANTY INFORMATION
 VEHICLE REGISTRATION AND TITLE
 INSURANCE PAPERS

IN CASE OF ACCIDENT
GET THE FOLLOWING
INFORMATION



THIS FOLDER CONTAINS:

Add Crests
Here!

3 3/4" x 2 7/8" area

VEHICLE OWNER'S

Maintenance Folio

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

Property of

NAME _____

ADDRESS _____

Presented With Our Thanks

Add Service
Hours Here!

3 3/4" x 2 3/8" area

Add Your Logo &
Imprint Here!
4 1/4" x 1 3/4" area

Salesperson _____

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

STANDARD
POCKET
COPY

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

NOTES

TRIP RECORD