02-11-017

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

CALL OUR SERVICE DEPARTMENT

CALL YOUR INSURANCE AGENT

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

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

STANDARD FLAP COPY

Vehicle Papers

PROOF

Name
Address
Phone

Compliments of

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

Salesperson

Add Crests Here!
3 3/4" x 2 7/8" area

Add Service Hours Here!
3 3/4" x 2 3/8" area

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