02-11-002

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

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

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

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

VEHICLE OWNER'S

Maintenance Folio

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

Property of

PROOF

NAME

ADDRESS

Presented With Our Thanks

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

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

_____

_____

_____

TOTAL _____

STANDARD POCKET COPY

TRIP RECORD

From _____ To _____

Left _____ Arr. _____

Time Date Time Date

Mileage _____

(Start) (Arr.)

(Expenses) Description Amount

_____

_____

_____

TOTAL _____

NOTES