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

COPY
POCKET
STANDARD

Vehicle Papers

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

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

Purchase Date _____

License No. _____

Serial No. _____

Model No. _____

Body Style _____

Key No. _____

NOTES

THIS FOLDER CONTAINS:

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

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