

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

Blank lines for notes and information.

CALL YOUR INSURANCE AGENT

CALL OUR SERVICE DEPARTMENT

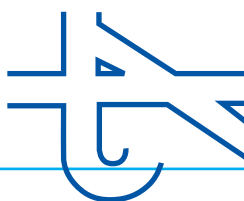
Form fields for accident information: DATE, TIME, LOCATION, NAME OF OTHER DRIVER, ADDRESS, LICENSE NO., MAKE OF VEHICLE, OWNER OF VEHICLE, ADDRESS, REGISTRATION NO., NAME OF POLICE OFFICER, NAME OF WITNESS, ADDRESS.

STANDARD FLAP COPY

NOTES

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

Form fields for vehicle details: License No., Serial No., Model No., Body Style, Key No.



DESCRIPTION OF ACCIDENT

THIS FOLDER CONTAINS:

IN CASE OF ACCIDENT GET THE FOLLOWING INFORMATION

Add Crests Here! 3 1/2" x 2 3/4" area (Pantone 185 ink)

VEHICLE OWNER'S Maintenance Folio. This Glove Box Folder Conveniently Holds: SERVICE RECEIPTS, WARRANTIES, BOOKLETS, ETC. Includes American flag graphic.

Presented With Our Thanks

Add Service Hours Here! 3 1/4" x 1 3/4" area (Pantone 185 ink)

Add Your Logo & Imprint Here! 4 1/4" x 1 3/4" area (Prints in Pantone 185 ink)

Salesperson _____

MADE IN U.S.A.



Blank lines for notes.

TRIP RECORD form with fields for From, To, Date, Time, Mileage, (Start), (Arr.), (Expenses) Description, Amount, (Arr.), (Start), Mileage, (Expenses) Description, Amount, TOTAL.

STANDARD POCKET COPY

Table with 2 columns and 8 rows for service records.

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



NOTES

TRIP RECORD