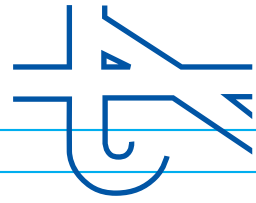


CALL YOUR INSURANCE AGENT
CALL OUR SERVICE DEPARTMENT
Please - Help us to help you by saving all of your
Service Receipts in this folder.

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 _____

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



IN CASE OF ACCIDENT
GET THE FOLLOWING
INFORMATION
DESCRIPTION OF ACCIDENT _____

**Add Crests
Here!**
33/4" x 27/8" area

**VEHICLE OWNER'S
Maintenance Folio**
This Glove Box File-Folder Conveniently Holds:
SERVICE RECEIPTS - VEHICLE PAPERS -
WARRANTIES - BOOKLETS - ETC.
Property of _____
NAME _____
ADDRESS _____

**Add Service
Hours Here!**
33/4" x 23/8" area

Presented With Our Thanks
**Add Your Logo &
Imprint Here!**
41/4" x 13/4" area
Salesperson _____

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

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

NOTES

STANDARD
POCKET
COPY