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. _____

THIS FOLDER CONTAINS:

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

NOTES

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

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

NAME

ADDRESS

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

Presented With Our Thanks

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

TRIP RECORD

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

NOTES