

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 _____

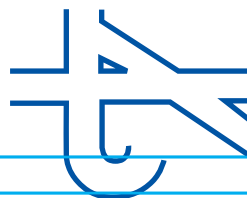
REGISTRATION No. _____

NAME OF POLICE OFFICER _____

NAME OF WITNESS _____

ADDRESS _____

DESCRIPTION OF ACCIDENT



IN CASE OF ACCIDENT GET THE FOLLOWING INFORMATION

Purchase Date _____

License No. _____

Serial No. _____

Model No. _____

Body Style _____

Key No. _____

NOTES

OWNERS MANUAL

WARRANTY INFORMATION

VEHICLE REGISTRATION AND TITLE

INSURANCE PAPERS

THIS FOLDER CONTAINS:

Add Crests Here!
3 3/4" x 2 7/8" area

VEHICLE OWNER'S *Maintenance Folio*

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

Property of

NAME _____

ADDRESS _____

Presented With Our Thanks

Add Service Hours Here!
3 3/4" x 2 3/8" area

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

Salesperson _____

TOTAL		

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

TOTAL		

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

Date

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

NOTES