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

CALL YOUR INSURANCE AGENT

CALL OUR SERVICE DEPARTMENT

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 ____

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

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 ____

Add Service Hours Here!

3 3/4" x 2 3/8" area

Presented With Our Thanks

Add Your Logo & Imprint Here!

4 1/4" x 1 3/4" area

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