

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

Two columns of horizontal lines for notes.

NOTES

- Checkboxes for Owners Manual, Warranty Information, Vehicle Registration and Title, Insurance Papers.

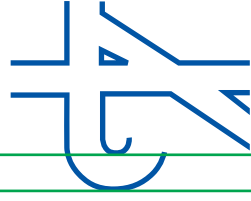
Purchase Date: \_\_\_\_\_ THIS FOLDER CONTAINS: \_\_\_\_\_

CALL YOUR INSURANCE AGENT

CALL OUR SERVICE DEPARTMENT

Form with fields for Date, Time, Location, Name of other driver, Address, License No., Make of vehicle, Owner of vehicle, etc.

DESCRIPTION OF ACCIDENT



IN CASE OF ACCIDENT GET THE FOLLOWING INFORMATION

Owners Name \_\_\_\_\_

Address \_\_\_\_\_

Presenting your ... "Car Owner's Companion"

Add Your Crest Here in PMS 185 (Red) 4" x 2 1/2" area

Add Your Logo & Imprint Here in PMS 185 (Red) 4" x 2 1/2" area

Salesperson \_\_\_\_\_

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

Table with 2 columns and 10 rows for listing services.

TRIP RECORD

Form for trip record with fields for From, To, Time, Date, Mileage, (Start), (Arr.), Description, Amount, TOTAL.

NOTES

Notes section with horizontal lines.