

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

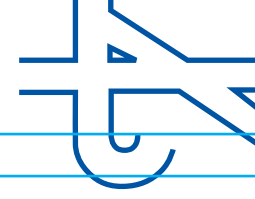
Blank lines for notes or additional information.

CALL YOUR INSURANCE AGENT

CALL OUR SERVICE DEPARTMENT

Form fields for accident information: 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

Form fields for vehicle and owner information: Purchase Date, License No., Owners Manual, Warrantly Information, Vehicle Registration and Title, Insurance Papers, Model No., Body Style, Key No., and a NOTES section.

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

Owners Name _____

Address _____

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

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

Salesperson _____

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

Table with columns for Date, From, To, Arr. Time, Left Time, Mileage, (Start), (Arr.), Description, Amount, and TOTAL.

TRIP RECORD

Form fields for trip record: From, To, Arr. Time, Left Time, Mileage, (Start), (Arr.), Description, Amount, and TOTAL.

NOTES

Blank lines for notes.