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

Vehicle Papers

Name

Address

Phone

Compliments of

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

Salesperson_____

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

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

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._____

NOTES

THIS FOLDER CONTAINS:

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

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