

# 02-01-024

★ For faster service,  
 Fax your order form to (586) 949-0813

**YOUR CAR PAPERS**

**CREST AREA**

Property of \_\_\_\_\_

Address \_\_\_\_\_

Subsponsion \_\_\_\_\_

**IMPRINT HERE**

Face

LIST BELOW SERVICES YOU WISH PERFORMED WHEN YOU NEXT VISIT OUR SERVICE DEPARTMENT.	TRIP RECORD	NOTES
Date _____	From _____ To _____ Left _____ Am. _____ Time _____ Date _____ Time _____ Date _____ Mileage _____ (Start) _____ (Arr.) _____ (Expense) Description _____ Amount _____	_____
_____	TOTAL _____	_____
_____	TRIP RECORD	_____
_____	From _____ To _____ Left _____ Am. _____ Time _____ Date _____ Time _____ Date _____ Mileage _____ (Start) _____ (Arr.) _____ (Expense) Description _____ Amount _____	_____
_____	TOTAL _____	_____

Standard auto pocket copy

**IN CASE OF ACCIDENT GET THE FOLLOWING INFORMATION**

**DESCRIPTION OF ACCIDENT**

DATE \_\_\_\_\_ TIME \_\_\_\_\_

LOCATION \_\_\_\_\_

NAME OF OTHER DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_

LICENSE No. \_\_\_\_\_

MAKE OF CAR \_\_\_\_\_

OWNER OF CAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

REGISTRATION No. \_\_\_\_\_

NAME OF POLICEMAN \_\_\_\_\_

NAME OF WITNESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CALL OUR SERVICE DEPARTMENT \_\_\_\_\_

CALL YOUR INSURANCE AGENT \_\_\_\_\_

**THIS FOLDER CONTAINS:**

OWNERS MANUAL

INSURANCE INFORMATION

VEHICLE REGISTRATION AND TITLE

INSURANCE PAPERS

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

Standard auto flap copy

Prints with your choice of paper and ink color.  
 Document folder measures 6" x 9 7/8" closed.

Paper Colors (choose one)				Ink Colors (choose one)			
Bright White	White Fiber	Natural	Cream	Black	Red	Royal Blue	Navy Blue
Yellow	Gray	Thyme	Periwinkle	Gray	Burgundy	Green	Teal
Marble Crush White	Rose	Ice Blue	Fern	Brick	Violet	Brown	Ice Blue

**TYPE IMPRINT COPY BELOW**

**SERVICE HOURS HERE**

From \_\_\_\_\_ to \_\_\_\_\_ Daily

From \_\_\_\_\_ to \_\_\_\_\_ Saturday

From \_\_\_\_\_ to \_\_\_\_\_ Sunday

*Please indicate if closed Saturday or Sunday*

**List the crest(s) desired:**

## PRICING

Size	100	200	300	500	1000	2000	3000
<b>02-01</b>	\$141.00	202.00	243.00	317.00	477.00	807.00	1122.00

## SELECTIONS

QUANTITY	PAPER	INK COLOR	PRICE
Ground Shipping and Handling			<b>\$5.95</b>
Sub Total			_____
MI Residents add 6% Sales Tax			_____
<b>TOTAL AMOUNT DUE</b>			_____

**Ship To:** (We ship UPS, no Post Office Boxes please.)

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax ( ) \_\_\_\_\_

*Please allow 2 to 3 weeks for delivery.*

**Method of Payment:** (check appropriate box)

Enclosed is a Check or Money Order payable to: **PFC Products, Inc.**

Charge to my:

Complete card number \_\_\_\_\_ Code \_\_\_\_\_

Expiration date \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_

Address of Card Holder \_\_\_\_\_