

VEHICLE TOWING INFORMATION

CUSTOMER NAME: _____

ADDRESS: _____

PHONE #'S: (H) _____ (W) _____ (C) _____

VEHICLE/YEAR/MAKE/MODEL/COLOR: _____

INSURANCE CO. _____ CLAIM # _____

WHERE ARE KEYS: _____

LOCATION OF DAMAGE: _____

FLAT BED TOW: _____

REGULAR TOW: _____

VEHICLE LOCATION: _____

CHARGES: _____

CHECK OR CASH: _____
