



SERVICE REIMBURSEMENT APPLICATION

AAA Washington

Reimbursement Information: (800) 430-9003

Member Information

Your Name:		Club Code:	Membership Number:	Expiration Date:
Mailing Address:			Phone:	
City:	State:	Zip:	Email address:	

Incident Information

Was this a home lockout? Yes No **(Home lockouts covered only under Premier and Premier RV)**

Year, Make & Model Of Vehicle:	Were You With This Vehicle When The Disablement Occurred?
If RV, # of feet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Of Disablement:	Nature Of Disablement:

Location Of Disablement (Please Provide Sufficient Information To Identify Location Within One Mile):

Service Information

Did You Contact AAA For Service?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Time Of Call To AAA:	<input type="checkbox"/> AM <input type="checkbox"/> PM
If YES, Why Were You Charged?			
If NO, Why Did You Not Call AAA?			
Continue on Back			

Provider Information

Name Of Facility That Provided Service:	Address Of Service Provider:		
Tow Destination (If Vehicle Was Towed):	Amount Paid For Service:	If Accident, Is Damage Covered By Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Acknowledgement

Your Signature:	Date Signed:
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PLEASE RETURN THIS COMPLETED APPLICATION WITHIN 120 DAYS OF SERVICE ALONG WITH A LEGIBLE COPY OF YOUR SERVICE RECEIPT TO: AAA WASHINGTON, ATTN: AUTOMOTIVE SERVICES, P.O. BOX 91246 BELLEVUE, WA 98009-9845

AAA Use Only

Membership Info: <input type="checkbox"/> BASIC <input type="checkbox"/> PLUS <input type="checkbox"/> RV <input type="checkbox"/> PREMIER <input type="checkbox"/> PREMIER RV	ERS History:	Member Profile:	Date Received:
	Current:	Insurance:	Date Paid:
Effective Date:	Previous:	Travel:	Amount Paid:
Joined AAA:	Total:	POS:	Check Number:
Joined Club:	Cost:	Value:	Type of Service:

Additional Information (Use back side of form.)