

AAA Washington SERVICE REIMBURSEMENT FORM

Reimbursement Information: (800) 430-9003 or Reimbursement@aaawa.com

Please submit a completed application and receipt(s) showing proof of payment by the member within 120 days of service.

For fastest processing, scan all documents and email to Reimbursement@aaawa.com. Otherwise, mail all documents to:

AAA Washington, ATTN: Automotive Services, PO Box 91246, Bellevue, WA 98009-9845

| AAA Washingtor | i, ATTN: Auto | omotive Servi | ces, PO Box 9 | 1246, Bellevu | <mark>e, WA 98009</mark> - | -9845 | |
|--|---|-------------------------------|--------------------------|-------------------------|----------------------------|-----------------|---------|
| Member Information | >>> Please don't forget your receipt <<<< | | | | | | |
| Your Name: | | Club Code: Membership Number: | | Number: | Expiration Date: | | e: |
| | | 260 | | | | | |
| Mailing Address: | | | | | Phone: | | |
| | _ | | _ | | | | |
| City: State: | | | Zip: | | Email address | | |
| la aldant lafama atlan | | | | | | | |
| Incident Information | | | | | | | |
| Was this a home lockout? ☐ Yes | □ No | (Home lock | outs covered | | | | |
| Year, Make & Model Of Vehicle: | | | Were You Wi | th This Vehicle | e When The D | Disablement Oc | curred? |
| If RV, # of feet | | | | □ Yes | | □ No | |
| Date of Service: | | | Type of service | ce requested: | | | |
| Location Of Disablement (Please Provide | Sufficient Inf | ormation To Id | I lentify Vehicle I | ocation Within | n One Mile): | | |
| | | | | | | | |
| Service Information | | | | | | | |
| Did You Contact AAA For Service? | | ☐ YES | If you called A | AAA, approxim | ately what tim | ne? | □ AM |
| | | □ NO | | | | | □ PM |
| If YES, why were you billed for service? | | | | | | | |
| If NO, why did you not call AAA? | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | Continue on bac | Κ. |
| Provider Information | | | | | | | |
| Name of facility that provided service: | | | | | If Accident; | Please choos | e one: |
| | | | | | No claim file | ed | |
| Tow Destination (If Vehicle Was Towed): | | Amount Paic | Amount Paid For Service: | | Collision cla | nim filed | |
| | | | | Liability claim filed □ | | | |
| Acknowledgement | | >>>> Ple | ase don't fo | orget your | receipt < | <<< | |
| Your Signature: | | | <u> </u> | | Date Signed: | | |
| | | | | | | | |
| AAA Use Only | | | | | | | |
| Membership Info: | ERS History: | | | Member Prof | | Date received: | |
| □ BASIC □ PLUS □ RV | Current: | | | | | Amount: | |
| ☐ Premier ☐ Premier RV | Previous: | | | | | | |
| Effective Date: | Total: | | | | | Type of servic | e: |
| Joined AAA: | Cost: | | | | | | |
| Joined Club: | | | | | | | |

Revision 2.0 (10-06-03)

Reimbursement Form