

Return completed form to

AAA Carolinas P.O. Box 29600 Charlotte, NC 28229 Attn: Member Relations Dept.

Questions? Call us at 1-877-282-3682

APPLICATION FOR REFUND OF ROADSIDE ASSISTANCE SERVICE EXPENSES

Requests must be submitted within 60 days from date of service.

Please complete entire form or refund may be delayed.

Member's Name			
Address			
City			
Telephone: Home () Work ()	Cell	()
E-mail Address			
AAA Membership Number		E	Exp. Date
Date Service was Rendered	Time _		
Type of Vehicle: Make	Model _		Year
Location of Disablement			
Nature of Trouble: ☐ Jumpstart Battery ☐ Tire Change ☐ Gas ☐ Lock-out ☐ Tow ☐ Other Please explain how you acquired assistance: ☐ Called AAA Office ☐ Passing motorist called garage ☐ Located nearest garage on your own ☐ Called AAA garage direct ☐ Police called nearest garage			
Were you driving or riding in the vehicle when it broke down Were you present when the service driver arrived? ☐ Yes	□No		
Did you provide a valid AAA Membership card to the servi			
Was your vehicle involved in an accident? ☐ Yes ☐ No	(If "Yes	s," please attach copy of poli	ce report.)
Was your vehicle towed? ☐ Yes ☐ No			
If "Yes," where was it towed? From			
Approximate mileage vehicle was towed			
Amount paid for Emergency Roadside Assistance only $\$ _			
(Please attach original paid receipt and retain	a copy	for your own records.)	
Note: If your vehicle was involved i please submit your bill to th			
Additional comments:			
Date Member's Signature			