

KWIK TRIP INC.

Motor Vehicle Fuel Service Report

Our Mission: *"To serve our customers and community more effectively than anyone else by treating our customers, co-workers, and suppliers as we, personally, would like to be treated, and to make a difference in someone's life."*

Instructions: These forms must be completely filled out by you and your repair facility before submitting. Please mail the completed forms, repair bills, towing bills, and fuel receipt (must have receipt of fuel purchase or provide documentation of purchase) to

**Kwik Trip, Inc. Attn: Risk Management
P.O. Box 2107
La Crosse, WI 54602-2107**

Customer Data

- To be completed by customer (Please Print) -

Name _____
Address _____
City _____
State _____ Zip _____ Email _____
Daytime Phone _____ Evening Phone _____
Driver's License No. _____ Amount of Claim \$ _____
Vehicle Make _____
Model _____ Year _____
License Plate Number _____ State _____
VIN/Serial Number _____ Mileage _____

At the time the above-mentioned vehicle was presented for service, the tank contained gasoline purchased from Kwik Trip/Kwik Star store located at (street, address, city, state):

Address

City/State/Zip

I have been informed by the repair facility or mechanic that the problem(s) corrected were a direct result of Kwik Trip/Kwik Star gasoline purchased at the location named above.

Signed _____

Date _____