



## 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 (if available) 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 \_\_\_\_\_