



## 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 \_\_\_\_\_