



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 _____ State _____ Zip _____

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

E-mail Address _____

AAA Membership Number _____ 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

If AAA's 24-hour toll-free hotline was not called, please explain why: _____

Were you driving or riding in the vehicle when it broke down? [] Yes [] No

Were you present when the service driver arrived? [] Yes [] No

Did you provide a valid AAA membership card to the service driver? [] Yes [] No

Was your vehicle involved in an accident? [] Yes [] No (If "Yes," please attach copy of police report.)

Was your vehicle towed? [] Yes [] No

If "Yes," where was it towed? From _____ to _____

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 in an accident and collision insurance was in force, please submit your bill to the insurance company for reimbursement.

Additional comments: _____

Date _____ Member's Signature _____