## **Better World Club**



**Claim Form –** Must be received within **90 days** of occurrence.

Name	Please select the type of reimbursement you
Membership #	are seeking.
Phone #	☐ Tow☐ Winch
Did you call for service using this number? □Yes □No  IF no, what phone # did you dial from?	☐ Lockout ☐ Battery Jump ☐ Tire Change ☐ Other
Address	
Street City State I need to update my contact info. $\square Yes \square No$	Zip
Year/Make/Model of Auto	
Date and Time of Disablement	
Did you call our emergency line first? □Yes □N	0
If Yes, were we able to dispatch a vendor? $\square$ Yes $\square$ N	0
If no, what was the reason provided to you by the dispatcher?	
Please briefly describe what happened:	
Name of Company Providing Services:	
Pick up location:   Drop Off Location:   Total Distance Towed:	Towing \$ Roadside Service \$ Other \$
I have enclosed original receipts itemizing the services for which I a see service contract for details.) Such bills include the name, address operator who provided service to my car. To the best of my knowled complete and accurate.	ss and phone number of the
51911ata15	batc

**PLEASE NOTE:** The tow receipt must reflect actual miles towed for reimbursement. Please allow 4-6 weeks for reimbursement.