

Reimbursement Application

Please complete this application form fully. Please type or print legibly to expedite processing.						
Membership Number:			Expiration Date:	E-Mail:		
Member's Name:			Mailing Address:			
City:	State:	Zip Code:	Day Phone:			
Vehicle Year Make		Model			Color	
Date of Service	Time of Service Loca	tion of Service				
City	ity State What was the proble		1?		Service	Туре
If towed, what was the destination?		C	City		State	Miles Towed
Did you call AAA for Service? Yes No		If AAA was not contacted for service, please explain:				
	by a AAA service provider?					
Yes No			ided service, why were y	ou charged?		
Y^¦^A[°A]¦^•^}∂A, @ Yes No	⊦}Ár^¦çã&r∕Áeel¦ãçr^å with a valid l	DNA				

Please complete the form fully. Keep copies of the reimbursement application and receipt for your records. To submit the application, please fax the form and receipts to (714)-885-1924, submit the form and receipts to a AAA Branch Office, or mail the form and receipts to:

AAA Club Services Attn: ERS A-321 PO Box 25001 Santa Ana, CA 92799-5006

Please allow up to 10 business from the date of receipt for processing. Please keep a copy of this reimbursement form and any original documentation for your records. Incomplete documents may delay processing. Please call (888) 222-9441 with any questions.