

# APPLICATION FOR REFUND

Refunds are normally issued at AAA contract rates. Please answer all questions and return a copy to this office with your paid receipt: 600 SW Market Street, Portland, Oregon 97201. For fastest processing, email the completed form, attaching all related receipts, invoices, photos, or other documentation to: **servicerefund@aaaoregon.com**.

Membership number: \_\_\_\_\_ expires: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Address: \_\_\_\_\_  
MAILING ADDRESS
CITY
STATE
ZIP

Email address: \_\_\_\_\_

Date of service: \_\_\_\_\_ time of service: \_\_\_\_\_

Location of disablement: \_\_\_\_\_  
CITY
STATE

Type of vehicle: \_\_\_\_\_  
YEAR
MAKE
MODEL
LICENSE PLATE

Name of member present at disablement: \_\_\_\_\_

Company providing service: \_\_\_\_\_ amt. paid: \$ \_\_\_\_\_  
PLEASE ENCLOSE RECEIPT

Service provider time on scene: hours: \_\_\_\_\_ minutes: \_\_\_\_\_

Service provided:      Flat Tire      Battery Service      Towing      Collision      Auto Lockout      Other

If other, please describe: \_\_\_\_\_

If towed: where: \_\_\_\_\_ number of miles towed: \_\_\_\_\_  
ADDRESS

If accident: Were repairs covered by insurance?                      Yes      No

Name of insurance company: \_\_\_\_\_

Did you call 1.800.AAA.HELP (222.4357) for service?                      Yes      No

If no, reason why: \_\_\_\_\_

Remarks:

You should receive a written response within thirty (30) business days after your request is received. If not, please feel free to call the Automotive Accounting Department at 503.222.6789.

**Signature of member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR OFFICE USE ONLY

Amount of Refund: \$ \_\_\_\_\_ OK by: \_\_\_\_\_

Charge back: \$ \_\_\_\_\_ to: \_\_\_\_\_ OK by: \_\_\_\_\_