



AAA Texas, LLC
REIMBURSEMENT APPLICATION

Please be aware of these eligibility requirements:

- Include the ORIGINAL receipt. Reimbursement requests cannot be processed with a photocopy or facsimile.
• The receipt must be made out to a valid AAA Texas member.
• This application with your receipt must be postmarked or received within sixty (60) days of the service date.

Please follow these instructions: Complete this application form fully. Please type or print legibly to expedite processing. Keep copies of this Reimbursement Application and your receipt for your records. Attach the ORIGINAL receipt to this Reimbursement Application and mail to: AAA Texas, LLC Attn: ERS A-321, PO Box 25001, Santa Ana, CA 92799-5001

Member's Name: _____ Day Phone: (____) _____ - _____ E-Mail (optional): _____

Mailing Address: _____ City/State: _____ Zip Code: _____

Club Code: _____ Membership Number: _____ Expiration Date: _____

Date of Service: _____ Time of Service : _____ AM / PM

Vehicle Year: _____ Make: _____ Model: _____ Color: _____ License: _____ State: _____

Location of Service: _____ City/State: _____

Problem with Vehicle: _____

Service provided: (Circle) Flat Tire, Battery, Fuel, Start, Vehicle Lockout, Towing, Collision, Winch, Vehicle Locksmith, Home Lockout Service

If towed, to what destination?: _____ City/State: _____ How many miles? _____

Did you call AAA for service? Yes _____ No _____

Was service provided by a AAA service provider? Yes _____ No _____

Were you present when service arrived? Yes _____ No _____

Was a valid AAA card & matching photo ID presented at the time of service? Yes _____ No _____

If AAA was not contacted for service, please explain: _____

If AAA was called and/or used, why were you charged? _____

Comments: _____ (Use separate sheet for further comments)

Amount charged for service: \$ _____ Name of company rendering service: _____

MEMBER'S SIGNATURE: _____ DATE: _____

Dear Member: Thank you for your Reimbursement Application. Please be assured that your request will be processed as quickly as possible. You should receive a written response within ten (10) working days after your request has been received. If not, please feel free to call ERS Administration toll free at 1-888-222-9441. See Guide to Roadside Assistance for applicable member reimbursement provisions.

For office use only: Date Received: _____ ERS/CSR / Field Office _____

Allow Refund : Yes _____ No _____ If Yes, reason: _____

Reimbursement type:

- (RF 1) Standard towing, winch, tire, battery or lockout reimbursement to a Standard, AAA Plus, or AAA Premier member
(RF 2) Standard locksmith reimbursement to a Standard, AAA Plus, or AAA Premier member
(RF 3) RV/Motorcycle towing or RV tire change reimbursement to a Standard or AAA Plus-RV/Motorcycle member
(RF 4) AAA Plus towing, fuel, or locksmith reimbursement to an individual AAA Plus or AAA Premier member
(RF 5) AAA Plus towing, fuel, or locksmith reimbursement to a family AAA Plus or AAA Premier member
(RF 6) Partial Reimbursement
(RF A) AAA Premier towing reimbursement to an individual AAA Premier member
(RF B) AAA Premier towing reimbursement to a family AAA Premier member
(RF C) AAA Premier RV/Motorcycle towing or RV tire change reimbursement to a AAA Premier-RV/Motorcycle member
(RF D) Home Lockout Service reimbursement to an individual AAA Premier member
(RF E) Home Lockout Service reimbursement to a family AAA Premier member
() Other reimbursement types: _____

REIMBURSEMENT CALCULATION:

Table with 6 columns: # Prev Calls, Svc Chg Reimbursement, Receipt Amt, Covered Amt, S/C Deduct, Amount Reimbursed. Includes Yes/No checkboxes and dollar signs.