Roadside Assistance Reimbursement Request

To file a request for reimbursement, submit the following within sixty (60) days of the disablement:

Completed Request Form:

ROADSIDE ASSISTANCE REIMBURSEMENT REQUEST / RECEIPT		NO.
Payee Name (Your Name): _____ Mailing Address: City: State: Zip Code:		Service Provider Name: _____ City: State:
Date	**DESCRIPTION OF SERVICE (CIRCLE ONE)**	**AMOUNT**
	Tow Flat Tire Jump Start Fuel Delivery Lockout Aid	
	SUBTOTAL	
	TAX	
	TOTAL	

Please also include:

- Copy of invoice from the PAC Auto Service facility showing the following:
  - A Legible Date, and
  - Your Name, Home Address, Phone Number, and
  - Vehicle Year, Make, Model
  - A purchase of parts and/or service for your vehicle.

- A copy of the invoice from the Tow Service Provider

Documents may be sent by email: mechclaims@sonsio.com

-or-

By postal mail:

WorldPac Professional Automotive Community Customer Care P.O. Box 17659 Golden, CO 80402

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