



In order to file a claim please fill out the information below and submit with a copy of your paid receipt. You may submit this form and paid receipt to the office where you purchased your membership, email to [claims@continentalcarclub.net](mailto:claims@continentalcarclub.net), fax to 423.775.1225, or mail to the following address:

Continental Car Club  
PO Box 40586  
Jacksonville, FL 32203

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Member Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

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

**Claim/Service Information**

Type of Service Rendered: \_\_\_\_\_ Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

Service Provider: \_\_\_\_\_

Provider's Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ Dollar Amount: \$\_\_\_\_\_