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COVERED MAINTENANCE



COVERED MAINTENANCE PROGRAM LOG



VIN#: _____

Unit#: _____

In Service Date: _____

Contact Name: _____

Business Name: _____

Covered Maintenance Program: *24 Months/60,000 miles whichever comes first*

Servicing Dealer Name: _____

Service Phone: _____ **e-mail:** _____

Covered Maintenance Due Mileage	Covered Maintenance Performed	Maintenance Completion Date	Maintenance Completion Mileage	Dealer Signature	Contact Signature
4,000 miles	Dry Inspection	__ / __ / __	_____ miles	_____	_____
10,000 miles	PM A Service	__ / __ / __	_____ miles	_____	_____
20,000 miles	PM A Service	__ / __ / __	_____ miles	_____	_____
30,000 miles	PM A Service	__ / __ / __	_____ miles	_____	_____
40,000 miles	PM A Service	__ / __ / __	_____ miles	_____	_____
50,000	PM A/B Service	__ / __ / __	_____ miles	_____	_____
60,000 miles	PM A Service	__ / __ / __	_____ miles	_____	_____