Appointment Date:_____ **Time:** _____ **RO#:**_____

CUSTOMER INFORMATION SHEET (PLEASE PRINT CLEARLY)

Full Name: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Home # (_____) _____ Work # (_____) _____

E-Mail: _____ Cell # (_____) _____

REFERRAL SOURCE

PAST CUSTOMER ( ) NEW CUSTOMER ( ) **Place a check mark on one of the below referrals**

☐ Drive By ☐ Registered Shop List ☐ Internet Site ☐ Ins. Agency _____

☐ Employee _____ ☐ Dealership _____

☐ Customer Referral _____ ☐ Other _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____

Plate#: _____ Color: _____ V.I.N._____

INSURANCE INFORMATION

Date of Loss: _____ **Type of claim**: Collision / Comprehensive / 3rd party **(Circle One)**

Insurance Company: _____ Claim /File #: _____

Adjuster/Claim Rep: _____ Phone #: _____ x _____

Appraisal Company: _____ Claim Rep Fax #: _____

PAYMENT STATUS

Have you received payment from your insurance company? YES / NO

If **YES,** was this payment for the full appraisal amount? YES / NO

If **NO,** please give reason why payment was not for the same amount of the appraisal:

( ) Deductible Applies **(Please circle amount)** $300.00 / $500.00 / $1,000.00 / Other Amt $ _____

( ) Liability has not been determine yet as to who was at fault for the accident

RENTAL INFORMATION: NO RENTAL NEEDED / NO COVERAGE / $15.00 / $30.00 / 3rd Party_____

ADDITIONAL COMMENTS AND OR QUESTIONS

_____

_____