



AUTO PAINT & BODY REPAIR INTAKE FORM

CUSTOMER INFORMATION
Customer Name: _____
Phone Number: _____
Email Address: _____
Preferred Contact Method: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email
Address: _____ _____

VEHICLE INFORMATION
Year: _____ Make: _____
Model: _____ Color: _____
VIN #: _____
License Plate #: _____
Mileage: _____

DAMAGE / REPAIR INFORMATION
Date of Loss or Damage: _____
Describe the Damage / Requested Repairs: _____ _____ _____
Area(s) of Vehicle Damaged:
<input type="checkbox"/> Front Bumper <input type="checkbox"/> Doors <input type="checkbox"/> Rear Bumper <input type="checkbox"/> Fender <input type="checkbox"/> Hood <input type="checkbox"/> Quarter Panel <input type="checkbox"/> Roof <input type="checkbox"/> Paint Only <input type="checkbox"/> Trunk <input type="checkbox"/> Dent Removal <input type="checkbox"/> Driver Side <input type="checkbox"/> Collision Damage <input type="checkbox"/> Passenger Side <input type="checkbox"/> Other: _____

INSURANCE INFORMATION
Will this repair involve an insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, complete below:
Insurance Company: _____
Claim Number: _____
Adjuster Name: _____
Adjuster Phone/Email: _____
Policy Holder Name: _____
Deductible Amount: _____
Rental Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE DROP-OFF INFORMATION
Keys Left With Shop? <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Items Removed From Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATION
I authorize Brooks Brothers Paint and Body to inspect the vehicle and prepare an estimate for repairs. I understand that additional damage may be found during the repair process.
Customer Signature: _____ Date: _____


SHOP USE ONLY	
Estimate Number: _____	Notes: _____
Estimator: _____	_____
Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Tow-In: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Repair Order Number: _____	_____



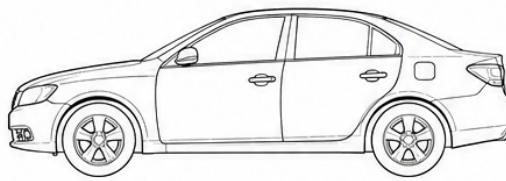
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VEHICLE DIAGRAM - MARK AREAS THAT NEED REPAIR

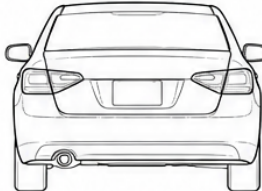
FRONT VIEW



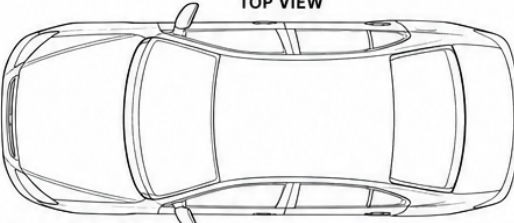
DRIVER SIDE VIEW



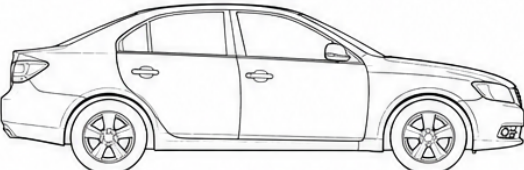
REAR VIEW



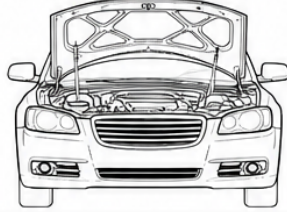
TOP VIEW



PASSENGER SIDE VIEW



FRONT VIEW (HOOD OPEN)



PARTS TO BE REPLACED		
PART DESCRIPTION	PART NUMBER	ESTIMATED COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL PARTS COST		\$

PARTS THAT ONLY NEED PAINT (NO REPLACEMENT)	
PART DESCRIPTION / LOCATION	NOTES

ADDITIONAL NOTES
