

Appointment Date:

RO#:

CUSTOMER INFORMATION SHEET (PLEASE PRINT CLEARLY)

Full Name:

Residential Address:

City:State:Zip Code:

E-Mail:Cell #:

REFERRAL SOURCE

PAST CUSTOMERNEW CUSTOMER

VEHICLE INFORMATION

Year:Make:Model:

Plate #:Color:V.I.N.(last six)

INSURANCE INFORMATION

Insurance Company:Appraisal Company:

Claim #:Date Of Loss:

Adjuster/Claim Rep:Phone #:x

Do you have the appraisal from insurance?YESNO

Was the accident your fault?YESNOLIABILITY HASN'T BEEN DETERMINED YET

PAYMENT STATUS

Have you received payment from your insurance company?YESNO

If **YES**, was this payment for the full appraisal amount?YESNO

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

Deductible Applies\$300.00\$500.00\$1,000.00Other Amt \$

ADDITIONAL INFORMATION

Rental Info:NO RENTAL NEEDEDNO COVERAGEL\$15.00\$30.003rd PARTY

Do you need us to make a reservation for your rental?YESNO

Do you need us to preorder parts for your vehicle ?YESNO

When does your car need to be ready at the latest ?

Please explainLEAVING THE STATE/COUNTRYNO CAR TO DRIVEI LIKE MY CAR BETTER

Unrelated Previous Damage

Signature:

Do you need a quote? YES NO \$

How did the accident happen

Dashboard/Warning lights? YES NO

Does it need alignment ? YES NO

Any leaks ? YES NO

Please take everything from your car