



## CUSTOMER INFORMATION

PLEASE PRINT CLEARLY

Your name:

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Your Address:

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City/State/Zip Code:

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Phone number **(Please put all numbers that you can be reached at)**

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### Vehicle Info:

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Year

Make

Model

Do you intend on having the vehicle repaired?      Yes    No

Do you already have an insurance estimate?      Yes    No

Who is paying for the repair?      Me      My Insurance      Other Insurance

How did you hear about our repair center?

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Insurance Company/Claim Number/Adjuster's Name

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Odometer:

Tag#:

Trim/Model:

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VIN:

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