



Customer Contact Information

X _____ Full Name (First, Last Name)	X Best Phone Number () Cell () Home () Work
X _____ Home Address	_____ Year/Make/Model of Vehicle Damage
X _____ City, State and Zip Code	X _____ E-Mail Address

What is the ***BEST*** way to contact you? **Phone** cell home work **Text** **E-Mail**

How often would you like to be updated? 1 a week As Repairs
 2 a week Progress Day before completion

Car Rental Information

Do you need a Car Rental? Yes No If YES, What is your Policy Amount Per Day
 \$15 / \$30 / \$40 / \$45 Other \$ _____

Payment Information

Which insurance company is paying for your repairs? _____ None

Has the insurance company seen your vehicle yet? (Please Circle One) Yes No

Do you have a copy of the Insurance Co's Estimate Yet? (Please Circle One) Yes No

Have you received any payment(s) from them? (Please Circle One) Yes No

If YES, was this payment for the FULL appraisal amount? (Please Circle One) Yes No

If NO, is your deductible Pending Liability Applies Amount \$300 / \$500 / \$1000
 Other _____

Referral Information

How did you hear about us?

Repeat Customer / Customer Referral (who?) / Dealership (Please List Above) / Internet Search (which site?) / Insurance Agency (which one) / Insurance Company / Today's Employee (who?) / Other (Please List)