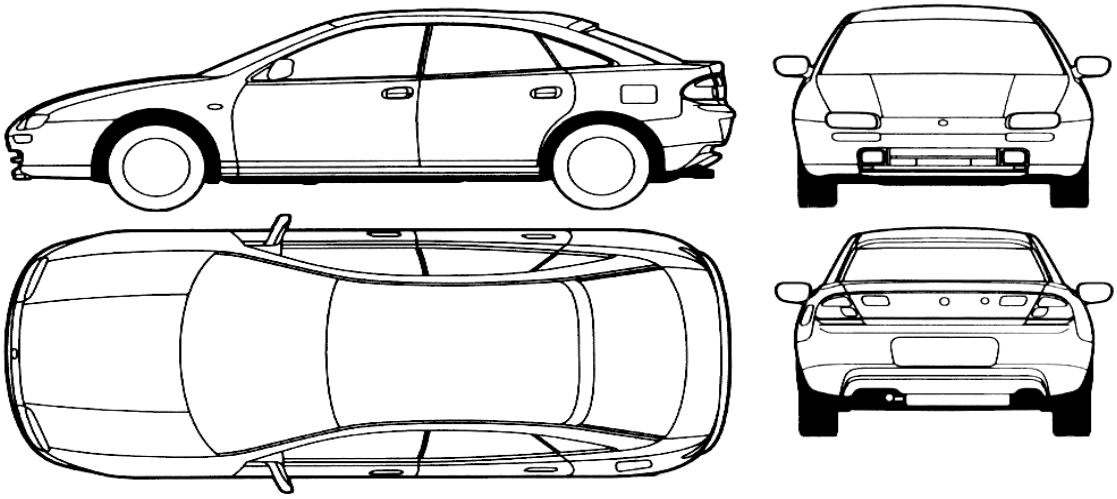
Customer Information Sheet

Customer/Vehicle Information: Please Print

Name										Email							
Address				City			State	Zip		Phone							
Year (of Vehicle)		Make			Model			Color		Pnt Code		Trm Code					
License Plate # State				Mileage				Production Date									
VIN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

Insurance Information

Who is Paying for the Repairs? (Please Circle One)			Has the Insurance company written an Estimate? (Please Circle One)	
My Insurance Co.	**Their Insurance Co.**	**Myself**	**YES**	**NO**
Insurance Company			Claim #	

Location of Damage (Shop Use)