

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ RO#: \_\_\_\_\_

**CUSTOMER INFORMATION SHEET (PLEASE PRINT CLEARLY)**

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home # ( \_\_\_\_\_ ) \_\_\_\_\_ Work # ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell # ( \_\_\_\_\_ ) \_\_\_\_\_

**REFERRAL SOURCE**

PAST CUSTOMER ( ) NEW CUSTOMER ( ) Place a check mark on one of the below referrals

- Drive By  Registered Shop List  Internet Site  Ins. Agency \_\_\_\_\_
- Employee \_\_\_\_\_  Dealership \_\_\_\_\_
- Customer Referral \_\_\_\_\_  Other \_\_\_\_\_

**VEHICLE INFORMATION**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Plate#: \_\_\_\_\_ Color: \_\_\_\_\_ V.I.N. \_\_\_\_\_

**INSURANCE INFORMATION**

Date of Loss: \_\_\_\_\_ Type of claim: Collision / Comprehensive / 3<sup>rd</sup> party (Circle One)

Insurance Company: \_\_\_\_\_ Claim /File #: \_\_\_\_\_

Adjuster/Claim Rep: \_\_\_\_\_ Phone #: \_\_\_\_\_ x \_\_\_\_\_

Appraisal Company: \_\_\_\_\_ Claim Rep Fax #: \_\_\_\_\_

**PAYMENT STATUS**

Have you received payment from your insurance company? YES / NO

If YES, was this payment for the full appraisal amount? YES / NO

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

( ) Deductible Applies (Please circle amount) \$300.00 / \$500.00 / \$1,000.00 / Other Amt \$ \_\_\_\_\_

( ) Liability has not been determine yet as to who was at fault for the accident

**RENTAL INFORMATION:** NO RENTAL NEEDED / NO COVERAGE / \$15.00 / \$30.00 / 3<sup>rd</sup> Party \_\_\_\_\_

**ADDITIONAL COMMENTS AND OR QUESTIONS**