

# Customer Information Form

Date: \_\_\_\_\_

<b>We Are First in Customer Service</b> <i>Please print. Thank You!</i>			
Name:			Estimate #
Address:		City:	State: Zip:
Main Phone: <input type="checkbox"/> MOBILE <input type="checkbox"/> LANDLINE		Work Phone:	
Vehicle Year:	Make:	Model:	Color:
VIN:		Your Insurance Company: Claim #	
Email: Prefer: <input type="checkbox"/> TEXT <input type="checkbox"/> CALL <input type="checkbox"/> EMAIL		Other Driver's Insurance Company: Claim #	
<b>Would you prefer to have your car repaired here at our shop?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>How did you hear about our shop?</b> <input type="checkbox"/> Repeat Customer <input type="checkbox"/> Customer Referral <input type="checkbox"/> Agent Referral <input type="checkbox"/> Drive By / Building Sign <input type="checkbox"/> Car Dealer Referral <input type="checkbox"/> Google Search <input type="checkbox"/> Social Media Site: _____ <input type="checkbox"/> OTHER: _____	<b>Who is paying for the repairs?</b> <input type="checkbox"/> Your Insurance Company <input type="checkbox"/> Their Insurance Company <input type="checkbox"/> Agent Referral <input type="checkbox"/> Yourself <input type="checkbox"/> Other party  <b>Do you need assistance in processing your insurance claim?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>What is your number one concern with the repairs to your vehicle?</b>  <input type="checkbox"/> Price <input type="checkbox"/> Color Match <input type="checkbox"/> Time in Shop <input type="checkbox"/> Quality of Repairs <input type="checkbox"/> Convenience <input type="checkbox"/> Other _____	<b>Do you have an estimate already prepared by the insurance company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Is this your first estimate (or)?</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third  <i>It is our goal to repair your vehicle so that it looks and drives just as it did before. If you have any special needs, be sure to let us know, and thank you for giving us the opportunity to serve you.</i>	
Notes: _____ _____ _____			

