



Customer Information Sheet

(Please print, complete, and bring this form with you to streamline the initial administrative processes)

Name _____

Address _____

City, Zip _____

Home # _____ Work # _____ Cell # _____

Email _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____

Color _____ License Plate # _____

INSURANCE INFORMATION

Insurance Company _____

Personal Insurance [] Other Party []

Claim # _____ Adjuster _____

Do you have insurance estimate? Yes [] No []

How did you hear about ?

Yellow Pages [] Internet []

Insurance Company [] Radio Ad [] Auto Dealership []

Personal Reference [] Other []

Referred By _____

Are you a repeat customer? Yes [] No []

Would you like a copy of the Motorist Bill of Rights? Yes [] No []

Thank you for choosing Professional Collision Centers