

Estimate Information Sheet

AUTO BO	DY SH	OP			Custon	ner I	nform	ation:	Pleas	e Prin	ıt							
Name										Phon	ie							
Address								City						State		Zip		
Address								City						State		Zip		
Email									Communication Preference (Please Circle One)									
										Ca	all		Ema	il	7	Γext		
						Insu	rance]	nforn	atior	1								
Who is Paying for the	Repair? (Ple									nsurance		e? (Please	Circle One)					
My Insurance Their Insurance Self Pay Insurance Company: Claim #:										YES NO								
Insurance Company:								Clain	1#:									
Year (of Vehicle)	Make						hicle In	form	ation			Ιτ	rim		Color			
rear (or venicle)	IVIAKC	ake					Model								Colo	Trim Code		
License Plate #	meter				Production Date					Pa	Paint code							
VIN#	1	2	2 3 4			5 6		8 9		10 11		112	12 13 14		15 16 17			
VIIV#	1						7			10		12	13	14	13	10	17	
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										7					0	•0		