

## So that we can provide the best customer service, we need a little help from you!

Name:			Estimate #
Address	City	State	Zip
Home Phone Wo	ork Phone Cell Phone	e Email	
Vehicle Year: Make:	Model:	Color:	
Your Insurance Company:	Agent:		
Other Driver's Insurance Company:			
Are you having your vehicle repa	ired here at our shop? Yes	No _	
1. How did you hear about our shop?  ◇ Repeat Customer  ◇ Customer Referral  ◇ Insurance Claims Department  ◇ Agent Referral  ◇ Tow Company  ◇ Auto Dealer  ◇ Radio Ad  ◇ Drive By  ◇ Building Sign  ◇ Web Page  ◇ Insurance Company Referral  ◇ Yelp  ◇ Google Review  ◇ Other	Your ins. Claim? Yes: No:  6. What is your number one concern about the repairs to your vehicle?  Customer Service  Price  Deductible  Color Match  OEM Parts  Time in Shop  Quality of Repairs  Parts  Warranty  Frame/ Wheel Alignment  Other  Are you going to get another estimate?  Yes: No:	Please mark where all pa Was there any loose or h vehicle, what and where  11. While repairs are prelike to be contacted?  Cell Phone Home Phone Work Phone Text E-Mail Just call me when its Other  12. Do you have any war strument panel?  Yes: No:	formed, how would you  completed  ning lights on in the in-
<ul><li>○ I'm paying for the repairs myself</li><li>○ Unsure at this time</li></ul>	8. Do you need a vehicle while yours is being repaired?  Yes: No:	We want to exceed our customers expectations, How can we do that and earn all 10's?	
3 .Do you have an estimate already prepared by the Insurance Company?  Yes: No	9. Do you have rental coverage? Yes: No: Don't know:		
4. Do you have another estimate? Yes: No:	10. If you don't have rental coverage would you need a loaner vehicle?  Yes: No:	×	