PARKVILLE AUTO BODY, INC.

Customer Estimate Request - **Please fill out completely**

Date:_____

Time:_____

NAME - Mr.☐ Mrs.☐ Ms.☐ First Name_____ **Last Name**_____

ADDRESS_____ **CITY**_____ **STATE**_____ **ZIP**_____

PHONE – HOME_____ **WORK**_____ **CELL**_____

E-MAIL_____

VEHICLE - YEAR_____ **MAKE**_____ **MODEL**_____ **COLOR**_____

PAINT CODE_____ **TRIM CODE**_____ **PRODUCTION DATE**_____ **MILEAGE:**_____

VIN#		**LICENSE PLATE#**

YOUR INSURANCE COMPANY : Click to open selections....

YOUR INSURANCE AGENT:

First Name_____ **Last Name**_____ **PHONE** _____

ADDRESS_____ **CITY**_____ **STATE**_____ **ZIP**_____

INSURANCE COMPANY PAYING FOR REPAIR Click to open selections....

CLAIM REPRESENTATIVE - First Name_____ **Last Name**_____

CLAIM # _____ **CLAIM REPRESENTATIVE PHONE**_____

- **Has an insurance company written an estimate for this damage?** ☐ **YES** ☐ **NO**
- **How many estimates have you had done for this damage?** 1☐ 2☐ 3☐
- **Would you like us to repair your car?** YES☐ NO☐ NOT SURE☐
- **Do you need a rental car while your vehicle is being repaired?** YES☐ NO☐

HOW DID YOU FIND OUT ABOUT OUR COMPANY?

☐ Repeat Customer ☐ Co-Worker Referral ☐ Website ☐ Driving By

☐ Customer Referral ☐ Ins. Agent Referral ☐ Ins. Adjuster Referral ☐ Ann Johnson

☐ Auto Dealer Referral ☐ Yellow Pages ☐ Walk In ☐ Employed At Local Company

WHAT IS MOST IMPORTANT TO YOU IN HAVING YOUR CAR REPAIRED? Check all that apply

☐ Alignment Of Body Panels ☐ Color Match ☐ Safety Of Vehicle After Repair

☐ Written Warranty ☐ Quality Of Parts ☐ Speed Of Repair ☐ Price Of Repair

IF YOU WERE REFERRED TO US, PLEASE PROVIDE A NAME SO WE CAN SEND A THANK YOU NOTE.

NAME - Mr.☐ Mrs.☐ Ms.☐ First Name_____ **Last Name**_____

ADDRESS_____ **CITY**_____ **STATE**_____ **ZIP**_____

PARKVILLE AUTO BODY….WHERE QUALITY IS NO ACCIDENT

PRINT SUBMIT CLEAR