

## CUSTOMER CONTACT INFORMATION

Customer Name: \_\_\_\_\_

In an effort to better serve you and ensure complete customer satisfaction, please fill out this form pertaining to your contact information. The following questions will help us to determine in which manor you would like to be contacted, how often you would like to hear from us, and what time of day you prefer to be called.

1. In what method would you prefer to be contacted?

- a. Home Phone \_\_\_\_\_
- b. Business Phone \_\_\_\_\_
- c. Cell Phone \_\_\_\_\_
- d. E-Mail \_\_\_\_\_

2. How often would you prefer to be contacted about your vehicle repair status?

- a. Once Daily
- b. You prefer to contact us
- c. Only when delays occur, repair status has changed, and when the vehicle is ready to be picked up
- d. You do not want to be contacted until the repairs are completed

3. What is the best time of day to contact you?

- a. In the morning
- b. In the noon hour
- c. In the late afternoon
- d. You would prefer to be contacted at a more specific time. Please list the time in which you would like be contacted \_\_\_\_\_.

4. Please provide any additional contact information that you feel we need in an effort to keep you informed.

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*we meet by accident*

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