



# Estimate Information

## LaFayette Collision Center Inc.

WeMeetByAccident.com

### CUSTOMER INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

YEAR OF VEHICLE: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ STYLE: \_\_\_\_\_

COLOR: \_\_\_\_\_ LISCENSE PLATE: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### INSURANCE INFORMATION

NAME OF INSURANCE COMPANY: \_\_\_\_\_

WHO'S PAYING FOR YOUR REPAIRS?  MY INSURANCE COMPANY  THEIR INSURANCE COMPANY  
 MYSELF

AMOUNT OF YOUR DEDUCTIBLE? \_\_\_\_\_

CONTACT PERSON AT INSURANCE AGENCY: \_\_\_\_\_

IS THIS YOUR 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> ESTIMATE?

WOULD YOU LIKE US TO REPAIR YOUR CAR? YES NO NOT SURE

DO YOU NEED A RENTAL OR A "LOANER" CAR WHILE YOUR CAR IS BEING REPAIRED? YES NO

### GENERAL INFORMATION

HOW DID YOU FIND OUT ABOUT OUR COMPANY?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> REPEAT CUSTOMER             | <input type="checkbox"/> CO-WORKER REFERRAL | <input type="checkbox"/> BILLBOARD     |
| <input type="checkbox"/> CUSTOMER REFERRAL           | <input type="checkbox"/> DRIVING BY         | <input type="checkbox"/> TV AD         |
| <input type="checkbox"/> INSURANCE AGENT REFERRAL    | <input type="checkbox"/> DIRECT MAILER      | <input type="checkbox"/> YELLOW PAGES  |
| <input type="checkbox"/> INSURANCE ADJUSTER REFFERAL | <input type="checkbox"/> RADIO AD           | <input type="checkbox"/> PRINTED AD    |
| <input type="checkbox"/> AUTO DEALER REFERRAL        | <input type="checkbox"/> INTERNET WEB SITE  | <input type="checkbox"/> BUILDING SIGN |