



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 1ST 2ND 3RD 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 |