

## **WELCOME TO TOWNE AUTO RESTORATION**

Date \_\_\_\_\_

### **CUSTOMER**

Name:

Address:

City:

St:

Zip

Work Phone:(    )

Cell#        (    )

Home Phone: (    )

### **VEHICLE**

Year:

Make:

Model:

Color:

License Plate#

Email \_\_\_\_\_

**How did you hear about Towne Auto Restoration (Please circle all that applies)**

- Car dealer recommended (whom)
- Insurance Co. recommended (whom)
- Insurance Agent recommended (whom)
- Newspaper Ad
- Repeat Customer
- Television Ad
- Yellow Pages
- Driving by
- Customer Referral
- Other (please specify)

**Were you wearing seatbelt at time of accident?**

**Do you Own, Lease or Finance?**

**Would you like any other services performed while your vehicle is being repaired?**

- Complete Detail     Mechanical Service     Alarms, Accessories  
(    ) Interior Detail Only    (    ) Exterior Detail    (    ) paint-less dent repair

**Any dash board lights on prior to accident? \_\_\_\_\_ Any on after the accident? \_\_\_\_\_**

**Will you be needing a rental car?  Yes  No**

Thank you for stopping by Towne Auto Restoration