



2700 10<sup>th</sup> Street Berkeley, CA 94710 · 510-705-1904 · Fax: 510-705-1971 B.A.R. #: ARD00230617 · EPA #: CAL000331632

## **Customer Information**

Name:		
Address:		
City:	State: Zip:	
Home Phone:	Cell/Work Phone:	
Email:		
	Referral Source	
Past Customer ( ) *If NEW please check mark one of the referrals below		
( ) Drive by ( ) Referred by Ins. Co	. ( ) Family/Friend ( ) Inte	ernet: Which site?
ļ	nsurance Information	
Insurance Co:	Adjuster Name:	
Insurance Phone #:	Claim #:	
	Vehicle Information	
Year: Make:	Mod	el:
Plate#: Color:		
Have you received other estimates?	YES / NO	
Do you have a deductible?	YES / NO If YES, I	now much?
<u>Internal Use:</u>		
VIN#:		