



Serving Customer's since 1914

CUSTOMER INFORMATION

DATE _____

NAME _____ PHONE # _____

INSURANCE AGENT _____ INS. CO. _____

DO YOU NEED A RENTAL CAR? NO YES (CIRCLE ONE) RAPID ENTERPRISE

DO YOU WORK LOCALLY? Y N WHERE _____

HOW WOULD YOU PREFER TO BE UPDATED – Please circle one

PHONE# _____ TEXT# _____ CARRIER _____

EMAIL ADDRESS _____

WE WOULD LIKE TO KNOW HOW YOU CHOSE FULLER AUTO BODY FOR YOUR REPAIR

____ REPEAT CUSTOMER _____ INTERNET SEARCH: (SITE) _____

____ CUSTOMER REFERRED YOU

NAME _____ DRIVE BY _____

____ EMPLOYEE REFERRED YOU

____ YOU ARE A FLEET CUSTOMER

NAME _____ INSURANCE CO/AGENT RECOMMENDED _____

____ YOUR CAR DEALER

____ OTHER SOURCE

NAME _____ NAME _____

PLEASE BRIEFLY DESCRIBE THE ACCIDENT AND ANY CONCERNS YOU MAY HAVE (*Dash lights, engine lights, noises, fluid leaks, etc*): _____

WOULD YOU LIKE TO TAKE ADVANTAGE OF THE FOLLOWING SERVICES WHILE YOUR CAR IS HERE

____ Oil Change (syn/reg?) ____ 4-wheel alignment ____ Inspection Sticker ____ Tires

____ Mechanical Repair ____ Unrelated Body Work ____ Other _____