

## Customer Information Sheet

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**Contact & Shipping Info:**

Repair Shop/Dealership \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Main Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Return Shipping Insurance?    YES            NO            Insurance Dollar Amount \$ \_\_\_\_\_

**Vehicle 1:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**Vehicle 2:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**Vehicle 3:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**Notes:**