

**Performance Auto Collision, Inc.**



Welcome to **Performance Auto Collision, Inc.**  
Please complete the following information.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

What insurance co. will be paying for repairs? \_\_\_\_\_

Why did you choose Performance Auto Collision, Inc.?  
(please check one)

Friend/Associate \_\_\_\_\_

Yellow pages \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Just driving by \_\_\_\_\_

Dealership \_\_\_\_\_

Repeat customer \_\_\_\_\_

Other (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For office use only:**

Estimator: \_\_\_\_\_ Total: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_