

Customer Information Sheet

Contact & Shipping Info:

First Name _____ Last Name _____

Repair Shop/Dealership _____

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: