

PLEASE HELP US BEST SERVE YOU!
WE NEED YOUR CUSTOMER INFORMATION



Please Print:

Date: keyDate

Name: keyFirstName keyLastName DOB: keyDOB Drivers Lic: keyDL

Address: keyAddress keyCity, keyState, keyZip Email: keyEmailAdd

Home Phone: keyHomeNum Work Phone: keyWorkNum Cell Phone: keyCellNum

Vehicle: keyColor keyYear keyMake keyModel V.I.N. # keyVinNum

Insurance Company: keyInsCo Insurance Agent: keyInsAgent

Other Driver's Insurance Company: keyOtherIns

Are you having your vehicle repaired here? [key1y] Yes [key1n] No

How did you hear about our shop?

[key2a] Repeat Customer

[key2b] Customer Referral

[key2c] Insurance Claims Department

[key2d] Agent Referral

claim?

[key2e] Tow Company

[key2f] Auto Dealer

[key2g] Radio Ad

[key2h] Drive by

[key2i] Building Sign

[key2j] Web Page

[key2k] Yelp

[key2l] Google

[key2m] Other: keyOtherReferral

OEM Parts

Who's paying for the repairs?

[key6a] My Insurance Company

[key6b] Their Insurance Company

[key6c] I'm paying for the repairs

Alignment

keyOtherConcern

Do you have an estimate already

prepared by the Insurance Company?

[key7y] Yes [key7n] No

No

Do you have another estimate?

[key3y] Yes [key3n] No

Do you need assistance

processing your Insurance

[key4y] Yes [key4n] No

What is your # 1

concern about the repairs?

[key5a] Customer Service

[key5b] Price

[key5c] Deductible

[key5d] Color Match

[key5e]

[key5f] Time in Shop

[key5g] Quality of Repairs

[key5h] Parts

[key5i] Warranty

[key5j] Frame / Wheel

[key5k] Other:

Are you going to get another estimate?

[key8y] Yes [key8n] No

While your repairs are performed, how would you like to be contacted:

[key9a] Cell Phone [key9b] Home Phone [key9c] Work Phone [key9d] Text [key9e]

E-Mail

[key9f] Just call when it's complete [key9g] Other: keyOtherContact

I HEREBY AUTHORIZE BERGMAN COLLISION TO PERFORM THE REPAIRS FOR SAID VEHICLE AND UNDERSTAND THAT PAYMENT IN FULL WILL BE DUE UPON RELEASE OF THE VEHICLE. I UNDERSTAND THAT BERGMAN COLLISION IS NOT LIABLE FOR POSSESSIONS LEFT IN THE VEHICLE OR ON PREMISES. I GRANT PERMISSION FOR BERGMAN COLLISION TO OPERATE THE VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED IN CASE OF FIRE, THEFT, ACCIDENT OR ANY OTHER CAUSE BEYOND BERGMAN'S CONTROL. I AUTHORIZE ANY AND ALL SUPPLEMENTS OR CHECKS PAYABLE DIRECT TO BERGMAN'S. AUTHORIZE BERGMAN'S TO ACT AS POWER OF ATTORNEY AND TO SIGN INSURANCE CHECKS TO PAY FOR DAMAGES TO THE VEHICLE.

SIGNATURE: _____

DATE: _____

WITNESS SIGNATURE: _____

NAME: _____

ANY VEHICLE LEFT AFTER COMPLETION WILL BE CHARGED A \$50 DAILY STORAGE FEE!
WE ARE NOT RESPONSIBLE FOR ANY ARTICLES LEFT IN VEHICLE!