Information Sheet

Name:_____

Address:_____

City:_____ State:_____ Zip_____

Phone-Home _____ Cell: _____

Best time to
call:_____Email:_____

Is an Insurance Company Paying for the Repair?_____ If so which:_____

Have they given you a Claim Number?:_____ If yes:_____

How Would You Like Us to Contact You?

Email _____ Phone_____

Vehicle Information

VIN:_____
(17 digit code found on door jamb or corner of windshield)

Year:_____Make (ex: Chevy):_____ Model (ex: Cruze):_____

Vehicle Damage:

Please take photos of: 4 Corners ☐ Odometer ☐ VIN ☐ Damage ☐

For Auto Glass

Which piece of glass?_____ Is the damage larger than a dime?_____

Does it have dots in the top center?____Are there lines running through it?(heated)____

Is there any kind of logo in the glass?____

For trucks: Is it a standard, super, crew or quad cab?_____

For cars: Is it 4 door or 2 door?_____

Is there anything else we should know?