

Wreck-A-Mend Auto Body and Paint

CUSTOMER INFORMATION

NAME: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: _____ **Cell Phone** _____

E-Mail Address: _____

How would you prefer updates on your vehicle during the repair process? (circle one)
E-mail, text or phone call?

Vehicle Year, Make and Model: _____ **License Plate #** _____

Date of accident: _____

How did you select Wreck-A-Mend Auto Body? Please let us know so we can properly thank them. _____

Source of payment

Is insurance paying for the repairs? _____ **Claim #** _____

Has an insurance company provided an estimate on your vehicle? Y / N

Will you need a rental car? Y / N

Do you have any concerns regarding the repairs to your vehicle, any additional repairs you would like taken care of? _____

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