

United Collision Center

Office (770) 622-7986 / Fax (770) 623-4909 / 3150 Steve Reynolds Blvd. Duluth, GA 30096

"A PENSKE DEALERSHIP" - CERTIFIED BMW / HONDA / TOYOTA

INFORMATION WORKSHEET

CUSTOMER INFORMATION

Name: _____ Date: ____ / ____ / ____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____ Ext: _____
Cellular Phone: (_____) _____ Fax or Email: _____
Vehicle Year: _____ Make: _____ Model: _____ Color: _____

INSURANCE INFORMATION

Insurance Company: _____ Claim Number: _____
Claim Representative: _____ Telephone: _____

"It is our goal to repair your vehicle so that it looks and drives just as it did before. If you have any special needs, be sure to let us know. Thank you for giving us the opportunity to serve you!"

GENERAL INFORMATION

1. How did you hear about our facility?

- Repeat Body Shop Customer
- Purchased Car Here
- Referred By a Friend
- Referred By Insurance Company
- Referred By Atlanta Toyota, United BMW, Honda Mall of GA
- Employee
- Building / Sign / Driving By
- Website / Internet
- Other: _____

2. If an insurance company is paying for your claim, did you receive a copy of their estimate?

- Yes
- No

3. Did you receive a check from the Insurance company?

- Yes
- No

4. Do you need assistance in processing your insurance claim?

- Yes
- No

5. What is your number one concern regarding the repairs to your vehicle?

- Quality
- Price
- Color Match
- Fast Repair Time
- Convenience
- OEM Parts

6. Will you need a Toyota Rental Car?

- Yes
- No

7. Is your vehicle a lease?

- Yes
- No

DIRECTION TO PAY

1. The undersigned hereby authorizes you, the insurance company, to issue payment direct for any repairs, or supplemental costs, in regards to the claim being handled by our facility. Though I have signed a direction to pay, I understand that all payments must be received prior to the release of the repaired vehicle.
2. The undersigned further agrees that if payment is sent to them in error, they will forward it directly to **United Collision**.
3. I hereby appoint, name and constitute; and by these presents do name, constitute and appoint an authorized representative of **United Collision** to act and serve as my true and lawful attorney-in-fact, I authorize this representative in my name, place and stead to execute any and all insurance checks, drafts or other negotiable instruments payable to me or pertaining to charges owed by me and received by **United Collision** for the sole and specific purpose of paying for the specified repairs.

By signing below, you agree to the terms and conditions outlined herein:

Signature: _____ Date: ____ / ____ / ____