

# Ultra Shine

# Customer Contact Sheet

RO \_\_\_\_\_

Vehicle Owner \_\_\_\_\_

Contact Name (if different) \_\_\_\_\_

Address \_\_\_\_\_

Best Phone Number \_\_\_\_\_

2nd Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Year/Make/Model \_\_\_\_\_

Main Point of Damage \_\_\_\_\_ DOL: \_\_\_\_\_

Self Pay / Insurance Co. \_\_\_\_\_ Claim# \_\_\_\_\_

Adjustor: \_\_\_\_\_ Ph# \_\_\_\_\_

Additional Self Pay Work: Need written / Yes do work / No don't do / Not needed  
Area of additional work: \_\_\_\_\_

Rental Needed: Y / N Policy Coverage / 3rd Party Coverage / Out of Pocket

Referred to Ultra Shine by: Family / Friends / Yelp / Insurance Company  
Tow Company / Returning Customer

Other : \_\_\_\_\_

## Office Notes

Initial Contact: \_\_\_\_\_ First Contact Date / /

Walk in / Contacted from Assignment / Customer Called

Estimate: Ultra Shine written/Ins. Company written / Ind. Appr. Comp. /No Estimate Yet

DTP Signed: Yes / No / Emailed \_\_\_\_\_ / Faxed \_\_\_\_\_

Initial Stop-In Scheduled: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

Repair Drop Date Scheduled: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

Repair Date with Rental: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

Additional Notes For Customer  
(Venture Sheild needed, ETC.) \_\_\_\_\_