HUMES ESTIMATE INFORMATION

Home of the Baked-on Finish NAME DATE Address City State Zip Daytime Phone _____ Home Phone ___ Year of Vehicle Make Model Color Lic. Plate Number Style VIN Number ___ __ __ __ __ __ __ Who's paying for your repairs? My Insurance Company(Co. Name) YOUR CHOICE Their Insurance Company (Co. Name) ☐ Myself Has an insurance company written an estimate? Yes No This is my ☐1st ☐2nd ☐3rd estimate Would you like us to repair your vehicle? Yes No Claim Number _____ Date of Accident ____ If you were referred to us, would you please give us their name so we may send them a thank you? Name _____City _____State ____Zip__ Address How did you hear about us? Radio Ad Newspaper Ad Magazine Ad Television Ad Repeat Customer Insurance company Friend/relative ☐ Insurance Adjuster ☐ Insurance Agent ☐ Building Sign/Driving by Yellow Pages Sports Ads ☐ Billboard/Outdoor Advertising ESTIMATORS Prod Date ____ Mileage Previous Damage Damage Entries HUMES



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