

L1NDSAY

COLLISION CENTER

5555 Industrial Drive Springfield, VA 22151
 Phone (703) 647-4500 Fax (703) 914-5402

C
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T
O
M
E
R

Check off your preferred contact point(s):

Day Phone

Evening Phone

Cell Phone

Email Address

Your Name _____

Your Address _____

City _____ State _____ Zip _____

Year _____ Make _____ Model _____ Color _____ License Plate _____

How did you hear about Lindsay Collision Center? _____

Have we repaired this vehicle in the past? Yes No

List any problems you have noticed since the accident: _____

Would you like an estimate on any other damages? _____

Approximate Repair Date: _____

P
A
Y
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N
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Who is paying for the repair?

I Am

My Insurance Company

Third Party

Company	Claim Number	Policy Number
_____	_____	_____
Name/Company	Claim Number	Policy Number
_____	_____	_____

P
R
I
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D
A
M
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G
E

Prior damage at time of estimate:

Front Right Rear Left

Symbols
 Missing **X** Scratch **~** Dent **+** Chip **o**

E
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Assigned Estimator _____ Estimate Date _____

Check if vehicle qualifies for OTCR

VIN _____

Paint Code _____ Trim Code _____ Mileage _____ Production Date _____

Package _____ Stripes: None Tape Painted Factory

Color _____ Code _____

Vehicle Notes _____

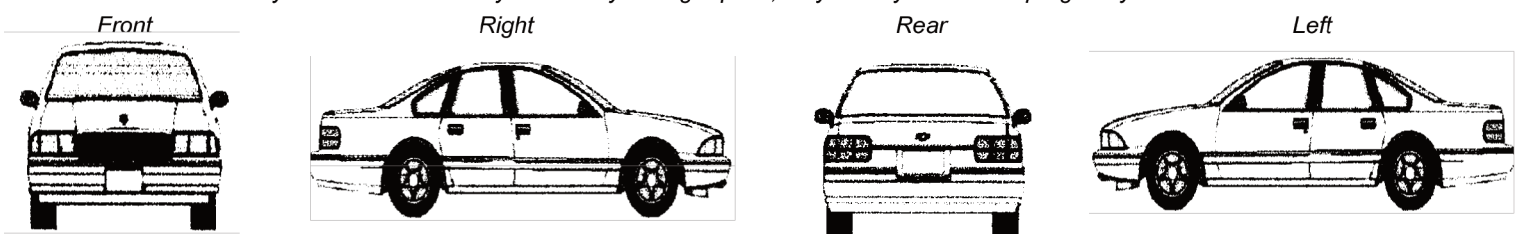
L1NDSDAY

COLLISION CENTER

Repair Order: _____ Customer Name: _____
 Drop Off Date: _____ Drop Off Time: _____
 Mileage at Drop Off: _____ Anti-Theft Code: _____
 Fuel Level (Circle) E ¼ ½ ¾ F Target Delivery: _____
 Additional Concerns _____ First Contact Phone Number: _____
 How often would you like a status update? _____ Second Contact Phone Number: _____

Prior Damage at Vehicle Check-In:

We may need to disconnect your battery during repairs, so you may need to re-program your radio stations.



Symbol: Missing Scratch Dent Chip

Customer Initials _____

Please Remove Your Belongings:

Sometimes our customers forget to remove, or leave personal or necessary items at vehicle check-in. Please check to make sure you have removed the following from your vehicle.

- | | | | |
|--------------------|-----------------|------------------|-----------------------------|
| Garage Door Opener | Pull-Out Stereo | CD's / Cassettes | Pager / Cell Phone / Laptop |
| Money / Coins | Clothes | Parking Permits | Child's Car Seat |

Payment Policy

Upon completion of the vehicle, any deductible, betterment or customer pay items must be paid for in full and in cash, certified funds, or credit card. I understand that Lindsay Collision Center does not accept credit cards for the insurance portion of my bill. I understand the vehicle will not be released to me until payment is received or arrangements have been made for payment with the primary payee. It is the customer's responsibility to secure third party endorsements. Insurance checks can be endorsed by all parties directly to the repair center. Vehicle owner will be responsible for any attorney fees and court costs related to collections of payments.

Work Authorization

- I hereby authorize the repair work set forth to be done, along with the necessary parts and materials. The estimate of repair includes parts, labor, and diagnosis. If upon further inspection, additional repairs are needed, the primary payee will be contacted for authorization.
- I understand that Lindsay Collision Center is not responsible for loss or damage to the vehicles or articles left in the vehicle in case of fire, theft, accident, or any cause beyond their control.
- I hereby grant your employees permission to operate my vehicle for the purpose of testing and/or inspection on streets, highways, or elsewhere.
- I understand that if a third party provides a replacement vehicle, Lindsay Collision Center is not responsible for costs, damages, or any liability.
- Delivery dates given are approximate and will change if additional parts or repairs are needed. We will contact you if the delivery date originally quoted needs to be adjusted for any reason. If you have any concerns, please feel free to call us at any time.

Signed by: _____ Date: _____

Vehicle / Payment Release

The repairs to my vehicle have been completed to my satisfaction and my vehicle is being released to me. I authorize _____ insurance company to make direct payment to Lindsay Collision Center on my behalf, in the amount of \$ _____.

Signed by: _____ Date: _____