



PRECISION AUTO WORKS

7250 W. 118TH PLACE UNIT B

BROOMFIELD, CO 80020

303-427-4200 FAX 303-427-9916

BODYSHOP@PAWHP.COM

CUSTOMER CONTACT INFORMATION

Name _____ Date ____/____/____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email (*Preferred delivery of written estimates*) _____

How did you hear about us? _____

Best way to contact you: CALL TEXT EMAIL

CUSTOMER INSURANCE INFORMATION

Will you be using insurance for this repair?

If not, what is the method of payment? _____

**If possible please forward email correspondence from Insurance company to bodyshop@pawhp.com*

Insurance Company _____
Agent Name (*If applicable*) _____ Phone _____
Policy Number _____ Claim Number _____

Have you already received an estimate from the Insurance Company? _____

Have you already received any payments for this repair from the Insurance Company? _____

Do you have any requests in addition to the collision repair?

VEHICLE INFORMATION

Year _____ Make _____ Model _____ License Plate _____ - _____
VIN # _____ Color Code _____

Description of Repair _____

BELOW TO BE FILLED OUT BY PRECISION

Estimated by _____ Estimate completed Estimate Emailed to Customer Date estimate emailed ____/____/____

Estimated scheduling date (*if known*) ____/____/____ Emailed to Insurance ____/____/____ Emailed photos

Other damages Description _____