

PROUDLY Serving East Texas since 1952

DATE _____ / _____ / _____ TIME _____

DUE IN _____ / _____ / _____ RENTAL _____

Name _____

Address _____

City/St/Zip _____

Work Phone _____ Home _____ Cell _____

E-MAIL _____

Year _____ Make _____ Model _____ Color _____

Are you filing an insurance claim? Yes No Maybe

Do you have an estimate from the insurance company? Yes No

Are you the Insured or the Claimant?

If you're the Insured, what is your deductible? \$ _____

What insurance company are you filing with? _____

Date of loss _____ / _____ / _____ Claim # _____

Adjuster's Name _____

Phone # _____ Fax # _____

Email address _____

NOTES: _____
