

Box #: _____

Albin's Performance Inc.

Contact and Damage Form

First Name: _____

Mobile #: (____) _____ - _____

Last Name: _____

Home #: (____) _____ - _____

Address: _____ City: _____ State: _____

Zip Code: _____ Email: _____

Vehicle Information:

Date of Accident: __ / __ / ____

License Plate #: _____ State: _____

Color: _____ Paint Code: _____

Mileage: _____

Build Date: __ / __ Repair Days: ____

Drop off Date: __ / __ / ____

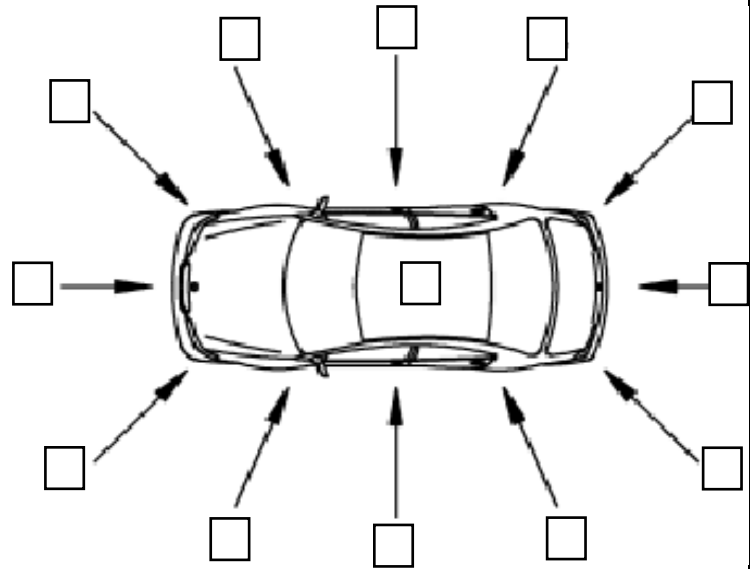
Accident Type:

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Collision | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Hail | <input type="checkbox"/> Other _____ |

Damage Status:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Drivable | <input type="checkbox"/> Non Drivable |
|-----------------------------------|---------------------------------------|

Damage Areas: *Mark all areas that are being repaired*



Insurance Information:

Insurance Company: _____ Deductible: \$ _____ None

Claim #: _____ Phone #: _____

Special Notes: _____



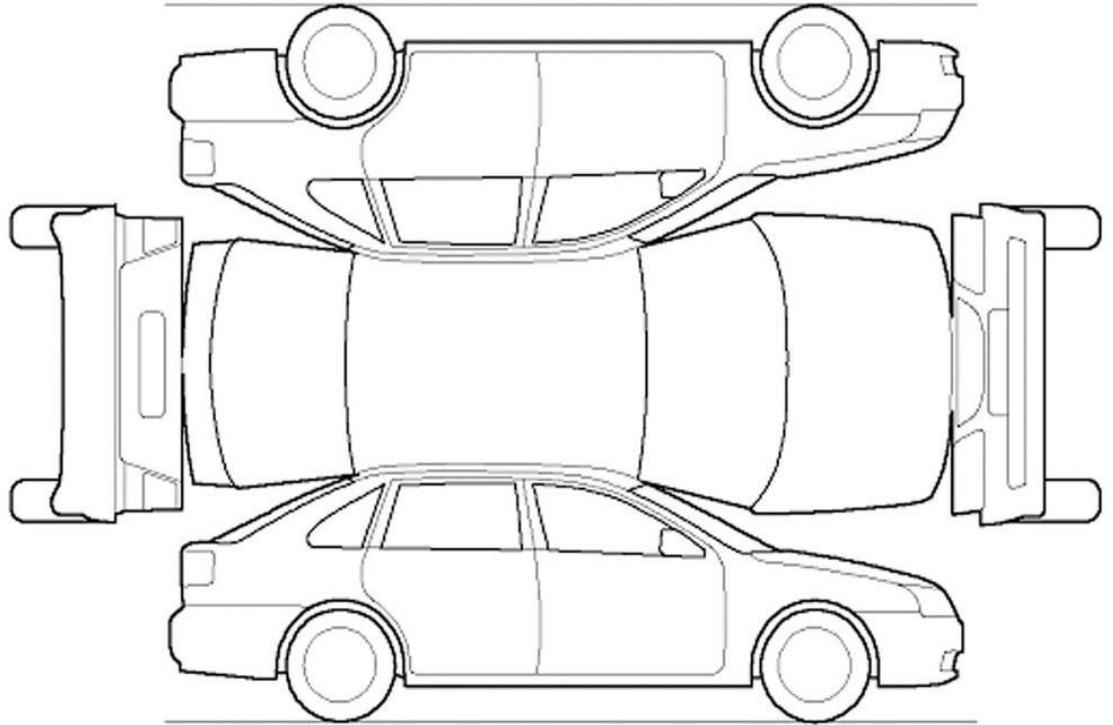
See Other Side:

Pre-existing Damage Form

Label and provide description on all pre-existing damage unrelated to the accident listed on the repair estimate and *Contact & Damage Form*. If there is no pre-existing damage unrelated to the accident, please check the box on the left side of the page.

Codes:

1. Scratches
2. Chips
3. Dings/Dents
4. Loose Molding
5. Overspray
6. Broken/ Cracked Part
7. Rust
8. Missing Part
9. Sun Faded
10. Peeling Paint
11. Mismatched Paint
12. Windows/ Locks



Mileage: _____

Fuel Level (circle one):

E $\frac{1}{8}$ $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ F

There is no unrelated damage

Exterior: Clean Muddy Dirty Snow Covered Rust Area

Interior: Burns Worn Stains/ Dirty Tears/ Cracks

Dash Warning Lights: Air Bag Traction Control Check Engine
 Battery ABS Temperature Gage Tire Air Pressure

Notes/Comments:

I agree everything marked on this form is correct and approve Albin's Performance to repair my vehicle.

Customer Signature: _____ **Date:** ____/____/____

Tow Truck Driver: _____ **Date:** ____/____/____

Manager Signature: _____ **Date:** ____/____/____