

# *Buckhead Collision*

*"An Atlanta Tradition"*

## Customer Information

Date \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Phone# Day ( ) \_\_\_\_\_ Home # ( ) \_\_\_\_\_

Cell# ( ) \_\_\_\_\_ Email \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Have you been here before? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are you going through an insurance co. for repairs? \_\_\_\_\_

Comments

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[www.buckheadcollision.com](http://www.buckheadcollision.com)