

Your Name Goes Here – Vehicle Inspection Form

Estimate of Repairs & Invoice of Repairs – Exterior Detail Only

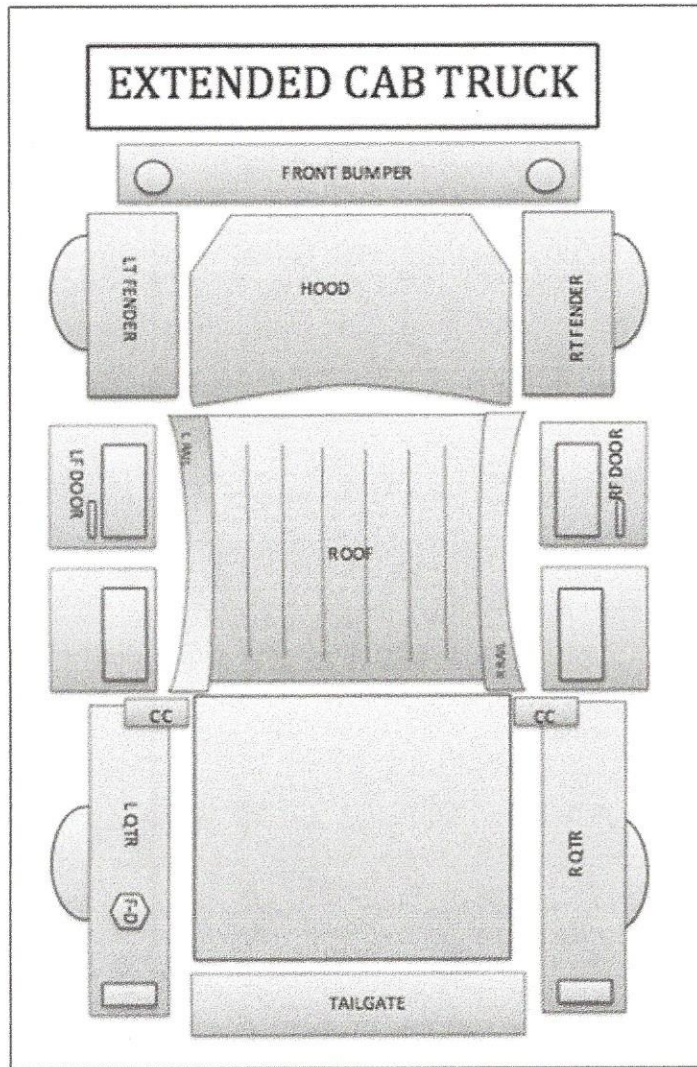
Date of Estimate: _____ Original Estimate: \$ _____

Name: _____ Phone: _____ E-mail: _____

Year: _____ Make: _____ Model: _____ VIN: _____

Service Recommended: _____ Service Accepted: _____

Inspect vehicle with customer. Point out and mark on diagram any current damage or issues.



Legend

SH	Swirls/Holograms
WS	Water Spots
OX	Oxidation
CF	Clearcoat Failure
DS	Deep Scratch
BD	Bird Dropping
RP	Rough Paint
UD	Unknown Defect
PT	Paint Transfer
PC	Pant Chip
GS	Glass Scratch
GC	Glass Chip
DD	Dents/Dings
SS	Side Swipe
CR	Curb Rash
WD	Wheel Damage
GC	Gouges/Crease
LM	Loose Molding

ADVISOR SIGNATURE _____ DATE _____

CUSTOMER SIGNATURE _____ DATE _____

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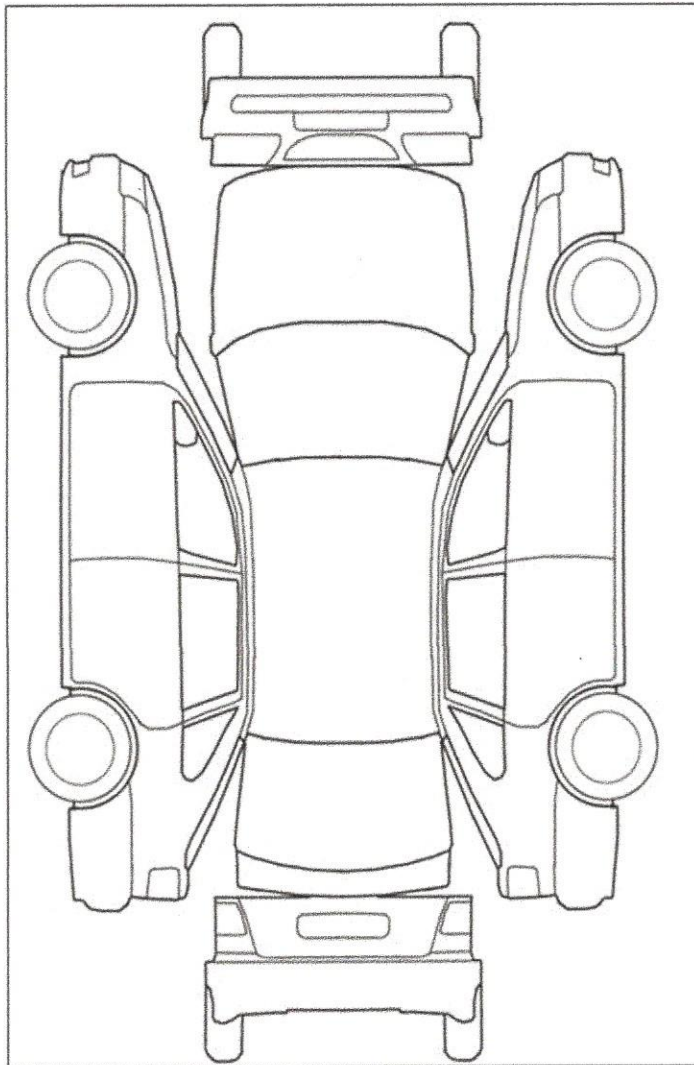
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