Wagonwork Collision Center
DRA Initial List
*(Please initial)*

* I understand that Wagonwork Collision Center works with all insurance to help get maximum coverage for repairs, however, your repairs may exceed the amount your insurance company will cover. ________

* I understand that the reasons include but are not limited to labor and material rates, old damage, denied operations, or disagreement on repair times. ________

* I was given Wagonwork Client letters. ________

How did the customer find out about us? ________

Would you like us to set up the rental? ________

DRA CHECKLIST

* Take a photo of: VIN decal, trunk codes, and parts to order. ________

* Parts confirmed, Left vs. Right, bumper is chrome or black, etc. ________

* Supplement Parts (CSR please enter)

* Deposit was made for parts to be ordered ________

* D.O. Appointment was set. ________

Date: __________________________________________

Time: __________________________________________

@ Appointment Time: ____________ Tow-In: ____________ Night Drop: ____________

Notes: _____________________________________________________________________

____________________________________________________________________________