



InstantEstimator.com
estimates in an instant



Estimator Enrollment Form

(to participate in our Instant Estimator website's traffic)

Auto Body Shop Company Profile Information:

Company Name:	<input type="text"/>
Web Site Address:	<input type="text"/>
Contact:	<input type="text"/>
Email:	<input type="text"/>
Company Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Country:	<input type="text"/>
Phone:	<input type="text"/>
Toll Free:	<input type="text"/>
Fax:	<input type="text"/>
Year Established:	<input type="text"/>
Company Description:	<input type="text"/>
Enter the following if applicable:	<input type="text"/>
Bar # :	<input type="text"/>
ASE:	<input type="text"/>
I-CAR:	<input type="text"/>

Answer the following with Yes (Y) / No (N):

Customer Shuttle?:	<input type="text"/>
24 Hr Emergency Roadside Assistance?:	<input type="text"/>
Car Rental On-Site?:	<input type="text"/>
Offer Towing?:	<input type="text"/>

Specialty Services:

Upholstery:	<input type="text"/>
Detailing:	<input type="text"/>
Paintless Dent Removal:	<input type="text"/>
Convertibles:	<input type="text"/>
Rims & Tires:	<input type="text"/>
Audio & Video:	<input type="text"/>
Tinting:	<input type="text"/>
Accessories:	<input type="text"/>
Mechanical:	<input type="text"/>

Labor and Operation Rates:

Body Labor Per Hour:	<input type="text"/>
Paint Labor Per Hour:	<input type="text"/>
Paint Materials Per Hour:	<input type="text"/>
Cover Car:	<input type="text"/>
Hazardous Disposal:	<input type="text"/>

Auto Dealership Relationship:

Name of dealership you'd like to link to your system:	<input type="text"/>
Address of dealership:	<input type="text"/>
Contact person at dealer:	<input type="text"/>
Contact phone number:	<input type="text"/>
Contact e-mail:	<input type="text"/>

User information: (see bottom of form to add more)

User Name:	<input type="text"/>
User phone number:	<input type="text"/>
User e-mail:	<input type="text"/>
Position:	<input type="text"/>

IT Integration

Webmaster or IT contact name:	<input type="text"/>
:	<input type="text"/>



Customer Billing Information*

First Name (if applicable)	
Last Name (if applicable)	
Company Name	
Name as it appears on card	
Address (if different than company address)	
Accepted Payment Cards	Discover, Mastercard, Visa
Credit Card Number (numbers only)	
Expiration Date (mmyy)	
Card Code (3 or 4 digit security code)	
Point of Contact for Credit Card	
Name	
Phone	
E-mail	

***Note:** your credit card will be billed \$50 per application per month and billed for any leads accepted by your firm as per the lead fee schedule. While those lead fees are passed-through as a line item on the estimates, your firm is responsible for collecting such fees from the client to offset your firm's financial obligations due Estimator Technologies.

Via e-mail, RETURN FORM:

Send to: pmills@instantestimator.com
CC: sryan@instantestimator.com
CC: steve@instantestimator.com

ACTION REQUIRED BY YOU

NOTE: After we receive this information, we will enter it into our system and get back to you with the computer coding that your IT person will use to quickly integrate our Instant Evaluator system onto your website.

ACTION REQUIRED BY US

Additional Users

User Name:	
User phone number	
User e-mail	
Position	
User Name:	
User phone number	
User e-mail	
Position	
User Name:	
User phone number	
User e-mail	
Position	