

**Fleet Services Cover Sheet (must return with estimate)**

**Claim**

**Number:**

Customer:

Branch:

**Please complete the Q&A below and fax to 1-215-485-4651 with a copy of the estimate**

Estimator Name:

Appraisal Date:

		/			/			
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 (mm/dd/yy)

Estimate Amount:

\$						.		
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Frame Hours:

						.		
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Repair Shop:

Agreed Price?

 **Yes**    **No**

With Whom?

Opens?

 **Yes**    **No**

If yes, Open Amount:

\$						.		
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Open Items:

  
  

Shop Estimate

Difference

(if any):

  
  

Additional Comments:

  
  

Decal Replacement  
Required?

**(company logo)**    **Yes**    **No**

If yes, panels involved:  
Specific wording and  
color of all decals  
needed (name and  
numbers)