



**Arrow Auto Glass**

toll free 866-975-4527  
toll free fax 866-981-4527

web arrowautoglass.com  
email contact@arrowautoglass.com

**▶ Customer Information**

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

**▶ Vehicle Information**

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Color tint \_\_\_\_\_ shaded \_\_\_\_\_ privacy \_\_\_\_\_

Style 2 door \_\_\_\_ 4 door \_\_\_\_ wagon \_\_\_\_ hatch \_\_\_\_

Other \_\_\_\_\_

VIN \_\_\_\_\_

Cause of Loss \_\_\_\_\_

\_\_\_\_\_ Date of Loss \_\_\_\_\_

**Vehicle Part(s) Selection**  
*(please check all parts that apply)*

- Ws  Door  Qtr
- Vent  Back
- Left  Right
- Rain Sensor
- Auto Dimming
- Heated Ws/M

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**▶ Insurance Information**

Insurance Company \_\_\_\_\_

Insurance Agency \_\_\_\_\_

Agent Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Deductible \_\_\_\_\_