

#### Customer Information:

Authorization No. \_\_\_\_\_

Name of Contract Holder: \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Street Address: \_\_\_\_\_

Province: \_\_\_\_\_

Date(MM-DD-YYYY) \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Home): \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

#### Vehicle Information:

Year / Make / Model: \_\_\_\_\_

Kilometers at Issue \_\_\_\_\_

Vehicle Type & Drive (e.g., SUV – AWD, Car – 2WD): \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Province: \_\_\_\_\_

VIN (Vehicle ID Number): \_\_\_\_\_

Kilometers at Claim: \_\_\_\_\_

Registration Certificate Number: \_\_\_\_\_

Last Inspection Date: \_\_\_\_\_

Postal Code: \_\_\_\_\_

#### Breakdown Information:

Date of Breakdown: \_\_\_\_\_

Location: \_\_\_\_\_

#### Describe the issue or symptoms (e.g., strange noise, loss of power):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Estimate:

Part No. (#):	Amount (\$):	Labour	Total (\$):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Repair Facility:

Dealer Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Service Representative: \_\_\_\_\_ FINX Capital Authorized: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_