

**REGARDING MOBILE REPAIRS**

If your shop intends to perform mobile repairs, please complete the following too:

- **Shop Name** \_\_\_\_\_

A.C.T. Shop # \_\_\_\_\_

Do you perform **mobile** repairs **ONLY**? \_\_\_\_\_

Distance (1 way) you are willing to travel for mobile repair:  
\_\_\_\_\_ miles

For the vehicle used for performing the mobile repairs, please provide additional information:

Year, make and model \_\_\_\_\_

VIN # \_\_\_\_\_

License plate # \_\_\_\_\_

State issuing license plate \_\_\_\_\_

Technician's first and last name \_\_\_\_\_

Last 4 digits of technician's Social Security # \_\_\_\_\_

Last 4 digits of technician's driver's license # \_\_\_\_\_

State issuing technician's driver's license \_\_\_\_\_

Please complete promptly and mail or FAX to:

A.C.T./Autoglass Claims Team, INC.  
4295 North Holly Road  
P. O. Box 760  
Olney, IL 62450  
Telephone: (888) 228-9108  
FAX: (888) 458-2098