

PREMIER LEGAL CENTER, A.P.C.

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CLIENT INFORMATION SHEET

TODAY'S DATE: _____

CLIENT REFERENCE NO.: _____

NAME: _____

ADDRESS: _____

CITY STATE ZIP: _____

PHONE HOME: _____

CELL: _____ FAX: _____

EMAIL: _____

CO-BUYER, IF ANY

NAME: _____

STREET ADDRESS: _____

CITY STATE ZIP: _____

PHONE: HOME: _____

CELL: _____ FAX: _____

EMAIL: _____

DEALER INFORMATION

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____

SALESPERSON: _____

VEHICLE INFORMATION

YEAR: _____

MAKE: _____ MODEL: _____

VIN: _____

PURCHASED NEW/USED (Please circle) DATE PURCHASED/LEASED: _____

PURCHASE PRICE: _____

CURRENT MILEAGE: _____

MILEAGE AT PURCHASE: _____

DID YOU PURCHASE AN EXTENDED WARRANTY? YES NO

DO YOU STILL HAVE THE VEHICLE? _____

IF NOT, PLEASE DESCRIBE THE REASON THAT YOU DO NOT OWN THE VEHICLE AND THE DATE YOU GAVE UP POSSESSION

HOW MANY TIMES HAS YOUR VEHICLE BEEN IN FOR REPAIRS?

HAS THE VEHICLE BEEN REPAIRED **THREE OR MORE TIMES** FOR THE SAME DEFECT? IF SO, PLEASE DESCRIBE:

PLEASE ESTIMATE THE NUMBER OF DAYS THAT THE VEHICLE HAS BEEN IN THE SHOP FOR REPAIRS: _____

WHAT DEFECTS DOES YOUR VEHICLE CURRENTLY HAVE?

WHAT OTHER DEFECTS HAS YOUR VEHICLE HAD IN THE PAST?

HAS THE VEHICLE BEEN INVOLVED IN ANY ACCIDENTS? YES/NO
IF YOU ANSWERED YES, PLEASE PROVIDE THE DATE OF ACCIDENT AND A DESCRIPTION OF ANY DAMAGE TO YOUR VEHICLE:

WHAT IS THE CURRENT PAYOFF AMOUNT FOR YOUR LOAN? \$ _____

HOW MUCH WAS YOUR DOWN PAYMENT? \$ _____

HAVE YOU INCURRED ANY OUT OF POCKET EXPENSES THAT YOU WOULD LIKE TO BE REIMBURSED? YES/NO

IF SO, PLEASE ITEMIZE THOSE COSTS:

