

PREMIER LEGAL CENTER, A.P.C.

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CLIENT INFORMATION SHEET

Buyer's Information

Today's Date: _____ Client Reference Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Co-Buyer, If Any

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Dealer Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Salesperson: _____

Vehicle Information

Year: _____ Make: _____ Model: _____

VIN: _____ Purchased New or Used: _____

Date Purchased or Leased: _____

Purchase Price: _____

Current Mileage: _____

Mileage at Purchase: _____

Did you purchase and extended warranty: _____

Do you still have the vehicle (Yes/No): _____

Vehicle Information, Continued

How many times has the vehicle been in for repairs? _____

Has the same vehicle been repaired three or more times for the same defect? If so, please describe:

Please estimate the number of days your car 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, provide the date of the accident and a description of any damage to the vehicle:

What is the current amount of your loan on the vehicle? _____

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: _____