



IMPACT Elite Member Enrollment Form

Completion of the following is strictly voluntary, but this information will be helpful in tailoring our programs to your greatest benefit.

Name of Collision Shop: _____

Name of Owner: _____ Key Contact Person: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email Address: _____ Date: _____

Member Name: _____

List the services that differentiate you in your business:

How many people do you have on staff in the positions below?

Painter _____ Prepper _____ Estimator / Appraiser _____

Non-Structural Technician _____ Steel Structural Technician _____ Mechanic _____

Auto Detailer _____ Management/Admin _____ Other: _____

Number of Paint Booths: _____ **Number of Repair Bays:** _____

Approximately how many square feet of your shop is used for production? _____

How many ASE Certified Technicians do you have? _____

How many techs are I-CAR Platinum Certified? _____

What Rental Car company do you use? _____

What is the secondary Rental Car company that you use? _____

What are your monthly gross sales? _____

What estimating system do you use? _____

What body shop management system do you use? _____

How many years in Business? _____

Who do you have DRP Relationships with? _____

What Brands do you use in the lines below?

Paint: _____ Abrasives: _____ Fillers: _____

Adhesives/Sealants: _____ Polish/Wipes/Compounds: _____

Masking Materials/Plastic Paper Covers: _____ Tape: _____