

Collision Repair Shop Information

Shop Name: _____ Vehicle Owner Name: _____
 Shop Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____

Vehicle Information

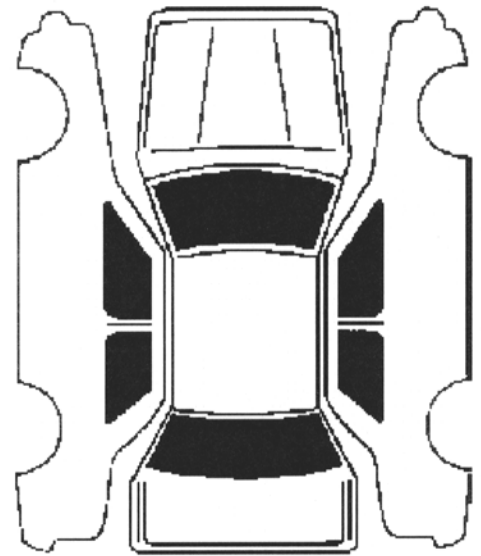
Make: _____ Model: _____ Year: _____ Mileage: _____
 Color Code: _____ Vehicle ID Number: _____
 Repair Date: _____ Repair Order Number: _____
 Painter(s)/Refinish Tech: _____
 Transtar Supplying Distributor: _____ City: _____

Repair Description: (provide full details)

Products Used for Repair: (List all)

	Product Number	Batch Code
Surface Cleaner/Prep:	_____	_____
Metal Prep:	_____	_____
Self Etch Primer:	_____	_____
Primer:	_____	_____
Activator:	_____	_____
Primer Surfacer:	_____	_____
Activator:	_____	_____
Primer/Sealer:	_____	_____
Activator:	_____	_____
Color System:	_____	_____
Reducer:	_____	_____
Activator:	_____	_____
Clearcoat:	_____	_____
Reducer:	_____	_____
Activator:	_____	_____
Other Additives:	_____	_____

Indicate zones of repair covered under this repair order:



This copy to be retained with original repair work order by Collision Repair Shop.