

Mike Albert Leasing, Inc.
National Preferred Vendor Network Program
Body Shop Profile

Contact Information: Company Name: _____
DBA: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

E-mail: _____ Web Page Address: _____

Owner's Name: _____ Telephone #: _____

Shop Manager's Name: _____ Telephone #: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Shop Hours: Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____

Rates: Body/Sheet Metal Labor: \$ _____ per hr. Mech./Elec. Labor: \$ _____ Frame Labor: \$ _____ per hr.

Paint/Refinish Labor: \$ _____ per hr. Paint Material Labor: \$ _____ per hr.

Please place an "X" next to all of the following that apply:

Employ I-Car technicians Free towing Use outside source for towing Free loaner vehicles
Alignment Machine Frame Machine Estimate Software Imaging Spray Booth Welding
Paintless Dent Removal Other _____

Please place an "X" next to each type of vehicle on which you are able to perform body repairs:

Cars Light Duty Trucks Medium Duty Trucks Heavy Duty Trucks Off Road Equipment

MAL is committed to equal employment opportunity. In addition, MAL attempts to use minority and/or female owned enterprises where possible. Please place an "X" next to all that applies to shop ownership:

Male Female American Indian or Alaskan Native Asian Black or African American
Hispanic or Latino Native Hawaiian or Other Pacific Islander White

Insurance Information: Name of Insurance Company: _____

Agent's Name: _____ Telephone #: _____

Policy #: _____ Effective Date: _____ Termination Date: _____

Note: You are required to show proof of insurance. Please enclose a copy of your insurance certificate for our records.