

LYNX Collision Repair Network

Repair Facility Information: Web Registration Confirmation # _____

Shop Information:

Repair Facility Name:	
Address:	Street: _____ City: _____ State: _____ Zip: _____
County:	
Contact:	Phone: _____ Fax: _____ Email address: _____
Web Site:	
Directions to Shop or Landmarks	
Repair Facility Hours:	Monday: _____ a.m. to _____ p.m. Tuesday: _____ a.m. to _____ p.m. Wednesday: _____ a.m. to _____ p.m. Thursday: _____ a.m. to _____ p.m. Friday: _____ a.m. to _____ p.m. Saturday: _____ a.m. to _____ p.m. Sunday: _____ a.m. to _____ p.m.
Primary Contact	Name: _____ Title: _____ Phone: _____
Secondary Contact:	Name: _____ Title: _____ Phone: _____

Business Information:

Legal Business Name:	
Business Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor
Address:	Street: _____ City: _____ State: _____ Zip: _____
Business Principle Owner:	Name: _____ Title: _____ Phone: _____ Fax: _____ Email: _____
Business Secondary Owner:	Name: _____ Title: _____ Phone: _____ Fax: _____ Email: _____
Repair Facility Type:	<input type="checkbox"/> Independent <input type="checkbox"/> Dealership <input type="checkbox"/> Franchise (Name) _____ <input type="checkbox"/> Consolidator (Name) _____ <input type="checkbox"/> Banner Group Name: _____
Multiple Facility Locations	<input type="checkbox"/> Yes # of locations _____ <input type="checkbox"/> No

Parent Information: (If there are multiple locations, please provide head office/corporate information:

Parent Facility Name:	
Address:	Street: _____ City: _____ State: _____ Zip: _____
Contact	Name: _____ Title: _____ Phone: _____ Fax: _____ Email: _____

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Additional Business Information:

Years in Business:	Number of Years in Business: _____ Years current legal entity has operated repair facility: _____
Business License/Permits:	Federal Tax ID: _____ State Tax ID: _____ Business License #: _____ Exp Date: _____ EPA #: _____
Number of Staff:	Production: _____ Office: _____
Insurance Coverages:	<input type="checkbox"/> General Liability (Limit) _____ <input type="checkbox"/> Commercial Auto Liability (Limit) _____ <input type="checkbox"/> Workers Com and Employers Liability (Limit) _____ <input type="checkbox"/> Garage Liability (Limit) _____ <input type="checkbox"/> Garage Keepers (Limit) _____ <i>Copies of insurance certificates should be included in your final registration packet with LYNX Services named as an additional insured</i>
Current Insurance Relationships:	<input type="checkbox"/> Drive-in estimating services (list top 3) _____ <input type="checkbox"/> DRP or Fleet type programs (list top 3) _____ <input type="checkbox"/> Estimated % of Business from Direct Repair Programs: _____
Specialty Services:	<input type="checkbox"/> Paintless Dent Repair <input type="checkbox"/> Internal <input type="checkbox"/> Sublet (if sublet, name of company _____) <input type="checkbox"/> Heavy Equipment/Commercial

General Program Requirements:

Production:	Number of repair bays at your facility _____ Number of production paint booths _____ Number of frame/measuring systems _____
Estimating Technology:	Use an electronic estimating platform: <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred estimating platform: <input type="checkbox"/> CCC <input type="checkbox"/> Mitchell <input type="checkbox"/> Audatex Able to provide digital images/photos? <input type="checkbox"/> Yes <input type="checkbox"/> No Able to receive assignments/return estimates via internet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Refinish Capability:	Can reproduce OEM type finish : <input type="checkbox"/> Yes <input type="checkbox"/> No Have a pressurized paint booth: <input type="checkbox"/> Yes <input type="checkbox"/> No Have paint curing capability: <input type="checkbox"/> Yes <input type="checkbox"/> No Paint brand used: _____
Diagnostic/Dimensions	Ability to hoist vehicle for initial inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Have current vehicle measurement specs available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Training	Does facility participate in I-CAR training? <input type="checkbox"/> Yes <input type="checkbox"/> No Is facility I-CAR Gold Class? <input type="checkbox"/> Yes <input type="checkbox"/> No Have one technician ASE certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Have one technician completed training for refinishing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Customer Service	Provide Lifetime Warranty on Workmanship? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide customer parking and on-site storage capability? <input type="checkbox"/> Yes <input type="checkbox"/> No Have customer waiting area with accessible restroom? <input type="checkbox"/> Yes <input type="checkbox"/> No Have a receptionist or office personnel to greet customers? <input type="checkbox"/> Yes <input type="checkbox"/> No Offer vehicle pick-up and deliver when necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you perform documented Customer Satisfaction Surveys? <input type="checkbox"/> Yes <input type="checkbox"/> No



Signature: _____ Date: _____

Printed Name: _____ Title: _____