

DATABASE FORM

Company Name: _____ Phone: (____) ____ - ____

Contact Name: _____

Address: _____ City: _____

County: _____ State: _____ Zip _____ - _____

Years in business: _____ # of wreckers _____ Rollbacks _____ Hours of Operation: _____

Type of work: Cars _____ Trucks _____ Road Service _____ Repair _____

Body Shop _____ Tires _____ Garage _____ Service Station _____ Other _____

Other: (explain) _____

Storage Facilities: # of lots: _____ # of buildings: _____

Scope of Business: Private _____ Commercial _____ Law Enforcement _____ Motor Club _____ Other(explain) _____