Estimate Review Request

ADP_____ Mitchell_____ Motor (CCC) _____

Vehicle Year/Make/Model _____

Vehicle ID & Options (ADP)_____

_____

Host Log # _____ CD/Worksheet Date _____

Claim # (ADP) _____ Client ID (Mitchell, Motor)_____

PX Supplier ID Name and Number (ADP) _____

Labor/Part Operation To Review:

OP Code _____ Guide Number _____ Time on Est. _____

_____

_____

My Recommended Time: _____

I Suggest This Time Because (Reason for request) _____

_____

_____

_____

Book Title/Software Version _____ Volume _____Section _____

Page # _____

Your Name & Position _____

Company Name _____

Street _____City _____ State _____

Zip Code _____ Date_____ Phone Number _____

Fax Number _____

Where to send your fax

*__ADP - RFR GROUP__ – Phone: 800-NOW-4ADP, Fax: 925-866-4838
2010 Crow Canyon Place, San Ramon, CA 94583

MITCHELL INTERNATIONAL – Tom Fleming, Phone: 800-854-7030, Local: 858-578-6550, Fax: 858-530-4615
9889 Willow Creek Rd., San Diego, CA 92196

MOTOR (CCC) – Phil Cunningham, Phone: 800-426-6867, Fax: 248-828-0215
5600 Crooks Road, Troy, MI 48098

**Attach estimate with this request form to ADP.*