

GREENLINE BODY SHOP
25 S SAN MARINO AVE.
PASADENA. CA. 91107
(747) 257-83-24

CUSTOMER AUTHORIZATION FORM

Customer Information

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Written by: _____

Attorney / Law Office (if applicable): _____

Vehicle Information

Make & Model: _____

Year: _____ Model: _____ VIN: _____

License Plate: _____

Arrival Date: _____

Date of Loss: _____

Insurance Information

Going with (Insurance / Cash / 1st Party / 3rd Party / Attorney):

1st Party Insurance: _____

3rd Party Insurance: _____

1st Adjuster Name: _____

3rd Adjuster Name: _____

Authorization to Inspect, Diagnose & Repair

I authorize GreenLine Body Shop to inspect, diagnose, disassemble, photograph, and prepare estimates and supplements for the above vehicle. I understand disassembly may be needed to identify hidden damage. If repairs are not completed, reassembly charges may apply.

Authorization to Order Parts & Begin Repairs

I authorize GreenLine Body Shop to order parts and begin repairs once the estimate is approved by me or my insurance company. Parts may be OEM, aftermarket, recycled, or remanufactured depending on availability and insurance guidelines.

Payment Responsibility

I agree to pay all deductibles, betterment, and non-covered repairs. If insurance denies or reduces payment, I am responsible for the remaining balance. I agree to pay: (a) 6% interest if unpaid, (b) collection costs, (c) reasonable attorney fees if legal action is required.

Liability Release

The shop is not responsible for loss or damage to the vehicle or its contents due to fire, theft, accidents, or other causes beyond their control. Vehicle may be driven by employees for testing at my own risk.

Estimate & Supplements

I understand the estimate is based on visible damage only. Hidden damage may require additional parts and labor. Part prices may change without notice.

Power of Attorney

I authorize GreenLine Body Shop to act as my agent regarding my insurance claim, including signing or endorsing checks and drafts for payment of repairs.

Storage Policy

I authorize the shop to store my vehicle. Storage fees may apply after repairs are completed or if repairs are declined.

Signatures

Customer Signature: _____ Date: _____

Shop Representative: _____ Date: _____