

**417 AUTOWORKS LLC
350 NORTH MARKET ST
WAILUKU,96793
(808)500-3052**

REPAIR AUTHORIZATION

Changes to estimate are subject to change if additional damage(s) or broken part(s) are found throughout the repairs.

I _____ authorize repairs and parts ordering as per
Insurance Company: _____
Claim #: _____

417 AUTOWORKS LLC and its employees are granted permission to operate the vehicle while the vehicle is being repaired and is not responsible for items left in the vehicle.

A \$100.00 cancellation charge and charges for any non-returnable parts which includes shipping and restocking fees will be billed to the customer. Charges may be taken from any parts deposit or insurance payment received by **417 AUTOWORKS LLC**.

Sign: _____ Date: _____

DIRECTION TO PAY

Name: _____

Vehicle: _____

I authorize **Insurance Company**: _____ to make payment
of invoice amount \$ _____ payable to **417 AUTOWORKS LLC**
Less deductible and /or other charges \$ _____

Sign: _____ Date: _____