PLATINUM COLORS LLC

COLLISION REPAIR • PAINT • RESTORATION

REPAIR AUTHORIZATION & CUSTOMER AGREEMENT

7075 Airline Hwy | 225-400-1559

CUSTOMER & VEHICLE INFORMATION

Customer name: _____ **Date:** _____

Phone: _____ **Email:** _____

Address: _____

_____

Year / Make / Model: _____ **Color:** _____

VIN: _____ **License plate:** _____

Mileage: _____ **RO / Claim #:** _____

INSURANCE INFORMATION (IF APPLICABLE)

Insurance company: _____ **Adjuster:** _____

Claim number: _____ **Adjuster phone/email:** _____

Deductible: $_____ **Rental provider / authorization:** _____

REPAIR AUTHORIZATION

I am the vehicle owner or an authorized representative of the owner. I authorize Platinum Colors LLC ("Shop") to inspect the vehicle, prepare a damage estimate, photograph/document the vehicle, and perform the repairs specifically approved below and in any estimate or written supplement that I approve. I authorize the Shop to communicate with my insurance company, its adjuster, and other parties as reasonably needed to discuss the estimate, damage, supplements, and repair status. This authorization does not transfer ownership of the vehicle or assign insurance benefits to the Shop.

Work authorized / customer concerns:

_____

_____

Approved estimate amount: $_____ **Customer-approved not-to-exceed amount (if any):** $_____

Any additional damage, parts, labor, or cost beyond the approved amount must be explained to the customer and approved by the customer (or authorized payer) before the additional work is performed, except for actions reasonably necessary to protect the vehicle or prevent immediate further damage. Approval may be documented in writing or by a clearly recorded customer authorization.

PARTS, SUPPLEMENTS & REPAIR PROCESS

• The initial estimate may change if hidden or additional damage is found during disassembly or repair. The Shop will contact the customer regarding supplements and revised costs for approval.

• Parts may be new, recycled, reconditioned, or aftermarket as identified in the estimate and subject to customer/insurer approval where required. Any requested parts preference should be written here: _____.

• Repair time is an estimate only and may be affected by parts availability, additional damage, insurer review, workload, or other delays. The Shop will provide updates when reasonably available.

CHARGES, PAYMENT & VEHICLE PICKUP

• I understand that I am responsible for amounts I agree to pay that are not paid by insurance or another authorized payer, including any deductible, customer-approved work, and other disclosed charges.

• Payment is due when the vehicle is ready for release unless the Shop and customer agree otherwise in writing. Accepted payment methods and any applicable fees will be disclosed by the Shop.

• Any storage, teardown, diagnostic, administrative, or other charges must be disclosed to the customer, including the applicable rate and when the charge begins, before they are incurred or as otherwise permitted by law.

• The vehicle and its contents should be removed at pickup. The customer should inspect the vehicle and discuss any concerns with the Shop before leaving.

Disclosed storage rate (if applicable): $_____ per _____ **Begins:** _____ **Customer initials:** _____

Other disclosed charges / terms: _____

CUSTOMER ACKNOWLEDGMENT & SIGNATURE

By signing, I confirm that I have read and understand this authorization, had an opportunity to ask questions, and authorize only the work and charges approved above or in separately approved written supplements. I confirm that I have authority to authorize work on this vehicle.

Customer / authorized representative signature: _____ **Date:** _____

Printed name: _____ **Time:** _____

Shop representative: _____ **Date:** _____

Keep a copy of this signed authorization for your records. This form is a general business template; review it for compliance with applicable state and local laws before use.