

# Phoenix Forge Collision

## REPAIR AUTHORIZATION FORM

### Customer Information

Customer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Vehicle Information

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ VIN: \_\_\_\_\_

License Plate: \_\_\_\_\_ Mileage: \_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Adjuster Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Repair Authorization

I authorize **Phoenix Forge Collision** to inspect and perform the necessary repairs to the vehicle listed above. I understand that additional damage may be discovered during the repair process and that additional authorization may be required before supplemental repairs are performed.

I authorize Phoenix Forge Collision to communicate with my insurance company, adjuster, and other involved parties regarding the repair of my vehicle.

I understand that I am responsible for any deductible, non-covered repairs, or other charges not paid by my insurance company.

### Customer Authorization

☐ I authorize repairs to begin.

☐ I authorize Phoenix Forge Collision to obtain supplements for additional damage discovered during repairs.

☐ I understand that repair completion dates are estimates and may change due to parts availability, additional damage, or insurance delays.

**Customer Signature**

Customer Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Additional Notes**

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**Phoenix Forge Collision**

*Professional Collision Repair • Quality Work • Customer Care*