Body Shop Repair Authorization Form

Customer imormation		
Name:		
Address:		
City/State/Zip:		
Phone:		
Email:		
Vehicle Information		
Year:		
Make:		
Model:		
VIN:		
License Plate:		
Insurance Information (if app	olicable)	
Insurance Company:		
Claim Number:		
Adjuster Name/Phone:		
Authorization		
I hereby authorize [Shop Name] and listed above.	I its employees to perform repairs and/or bodywork on my vehicle	
2. The shop may use new, used, after specified.3. The shop is not responsible for lost theft, or any other cause beyond their4. Payment in full is due upon complete.	ed and may be subject to change if additional damage is found. ermarket, or reconditioned parts as needed unless otherwise as or damage to the vehicle or articles left in the vehicle due to fire, r control. etion of repairs, unless prior arrangements have been made. for the purpose of testing, inspection, or delivery.	
Customer Signature:	Date	

Shop Representative:	Date: