

C&C Collision

Vehicle Intake and Work Authorization Sheet

Customer & Vehicle Information

Customer Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year/Make/Model: _____

VIN: _____

License Plate: _____

Impact Area (Check All That Apply)

Front: ☐ Left Front ☐ Center Front ☐ Right Front

Rear: ☐ Left Rear ☐ Center Rear ☐ Right Rear

Side: ☐ Left Side ☐ Right Side

Other: ☐ Roof ☐ Underbody ☐ Other: _____

Brief Description of What Happened

Unrelated Prior Damage (Scratches, Dents, Rust, etc.)

Insurance Information (If Applicable)

Insurance Company: _____

Claim Number: _____

Adjuster Name: _____

Adjuster Phone: _____

Adjuster Email: _____

Repair Authorization

I authorize C&C Collision to perform repairs as outlined in the estimate. I understand that supplemental damage may be found and submitted to my insurer, and I am responsible for any charges not covered by insurance. My vehicle may be moved to another qualified facility for calibrations, alignments, or specialized procedures required to complete repairs properly.

Parts Disclosure

Part selection (OEM, aftermarket, used, or reconditioned) will follow my insurance policy, my insurer's guidelines, and Ohio state law.

Storage & Policies

- Vehicles left more than **3 days** after completion may incur storage fees.
- C&C Collision is not responsible for personal items left in the vehicle.
- Payment is required before vehicle release.

Power of Attorney

I grant C&C Collision limited power of attorney to endorse insurance checks issued in my name for repairs performed on my vehicle. This applies only to payments related to the repair work described in this document.

Final Signatures

By signing below, I acknowledge and agree to all terms, disclosures, and authorizations listed above.

Customer Signature: _____ **Date:** _____

C&C Collision Representative: _____ **Date:** _____