

Name:		Phone:
Email:Ins. Company:		Company:
Year: Make:	Model:	RO #:
Claim #:		
Auto Body, along with delays caused by un	Repair & Parts Authorization authorized repairs of the vehicle men n necessary materials. I agree that Solution availability of parts or shipping delay the above vehicle for the purpose of	ntioned above to be done at Studio tudio Autobody is not responsible for z. I give consent to Studio Auto Body
for. Owner-pay jobs requir responsible for the payme fee + any freight charges. when due, or suit is broug	e 50% down of any parts listed on estimate. Ints. If the repair is canceled and parts can be	e returned, I will be charged 30% restocking repairs, parts, or other materials are not paid
	Cancellation Police	cy:
Cancellations made I	ess than 24 hours in advance of the sch	eduled appointment are subject to a \$50
	cancellation fee.	
By signing below, you	<u>ı acknowledge and agree to this polic</u>	<u>y.</u>
Customer Signature:		Date:
I hereby authorize direct p I hereby	Authorization For Payment Of Original And eayment to Studio Autobody for the original a authorize direct payment of supplemental da to be paid by:	mount of repairs due in the amount of: mage on the above mentioned vehicle and
Customer Signature:		Date:
	Power Of Attorney	
collect, sign for, and receive the vehicle described. This	lio Autobody and their employees as my true we all such sums of money that shall be due s shall include full power of attorney and auth ents related to or arising from work done by y	owing, payable, and belonging to me, related to ority to sign my name to all checks, drafts,
Customer Signature:		Date: