

Name:			Phone:
Email: Ins. Comp			s. Company:
Year:	Make:	Model:	RO #:
Claim #:_			
Auto Body delays ca	y, along with nece	essary materials. I agree that S	entioned above to be done at Studio Studio Autobody is not responsible for y. I give consent to Studio Auto Body
for. Owner-presponsible fee + any frewhen due, co	pay jobs require 50% for the payments. If the payments if the payments if the payments is brought for payments for payment	down of any parts listed on estimate the repair is canceled and parts can l er agree that if any obligation for said	vehicle that I have received a written estimate e. I agree that once parts are ordered I am be returned, I will be charged 30% restocking I repairs, parts, or other materials are not paid reasonable costs of collection including
		Cancellation Pol	<u>icy:</u>
Cancella	ations made less th		heduled appointment are subject to a \$50
		cancellation fee.	
By signing	g below, you ackn	<u>lowledge and agree to this poli</u>	<u>cy.</u>
Customer S	Signature:		Date:
	horize direct paymen I hereby authori		amount of repairs due in the amount of: amage on the above mentioned vehicle and
		. ,	
	<u> </u>	Power Of Attorney	
collect, sign the vehicle of and/or nego mentioned v	for, and receive all s described.This shall i tiable instruments re vehicle.	obody and their employees as my tru uch sums of money that shall be due nclude full power of attorney and aut	te lawful attorney for me. To ask, demand, e owing, payable, and belonging to me, related to thority to sign my name to all checks, drafts, you and your employees on the above
Customer S	ignature:		Date: