

# Arcaro's Auto Body Repair, Inc.

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340 Del Sol Road, Palm Springs, CA 92262

Phone: (760) 325-6400

Fax: (760) 327-9827

E-Mail: [arcarosrepair@hotmail.com](mailto:arcarosrepair@hotmail.com)

## REPAIR AUTHORIZATION FORM

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RO# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

Estimates of repairs include all parts, labor, handling, and diagnosis. If upon closer analysis it is found that additional repairs are necessary, you will be contacted for additional authorization to proceed. If the vehicle is returned to you before authorized service is performed, a diagnosis and handling charge, not excluding assembly, will be made.

I hereby authorize Arcaro's Auto Body Repair, Inc. to repair my vehicle based upon the estimate(s). I agree to allow your employees to operate the above vehicle for purposes of repairing, testing, inspection, or delivery. Arcaro's Auto Body Repair, Inc. will not be held responsible for loss or damage to my vehicle or articles left in my vehicle in case of fire, theft, accident, or any other causes beyond our control. Storage fees of \$150.00 per day will be charged if vehicle is not picked up 72 hours after completion of repairs. An express mechanic's lien is acknowledged on the above vehicle to secure the amount of repairs thereto. In the event legal action is necessary to enforce this contract, I will pay reasonable attorney's fees and court costs.

If applicable, I authorize Arcaro's Auto Body Repair, Inc. to act as my agent in negotiating the final cost of repairs with the insurance company. For insurance claims, I grant Arcaro's Auto Body Repair, Inc. a power of attorney to endorse any insurance drafts and/or checks covering authorized repairs to my vehicle, and to take such action as may be necessary to negotiate said drafts and checks. I understand that responsibility for payment or repairs is mine should the insurance company not make payment in full to Arcaro's Auto Body Repair, Inc.

**Due to the complex nature of the repair process, we are unable to guarantee a completion date or time. We do not accept any liability for rental fees that exceed your insurance company's limits.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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## SUPPLEMENTAL REPAIR AUTHORIZATION FORM

Verbal authorization for the amount of \$ \_\_\_\_\_ by \_\_\_\_\_

Method of authorization: \_\_\_\_\_ RO#: \_\_\_\_\_

Agent Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I acknowledge notice and oral approval of an increase in the original estimated price.

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

## SUPPLEMENTAL REPAIR AUTHORIZATION FORM

Verbal authorization for the amount of \$ \_\_\_\_\_ by \_\_\_\_\_

Method of authorization: \_\_\_\_\_ RO#: \_\_\_\_\_

Agent Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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## SUPPLEMENTAL REPAIR AUTHORIZATION FORM

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Method of authorization: \_\_\_\_\_ RO#: \_\_\_\_\_

Agent Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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