Bumper King Auto body

Your ONE-Stop repair shop

Repair authorization form

It is our goal to ensure that you receive LEVEL 10 customer service. We want to make sure you understand the different stages your vehicle undergoes throughout the process and keep you informed of the repair progress. If you desire to be contacted throughout the repair process, check your preferred form of contact :

Preferred Contact Method
( ) Text ( ) Call ( ) Email

Repair Updates
How often do you want to be contacted with updates on the status of your repair?
( ) When the repair status change ( ) When the repair status change

Name(Required): _____

First: _____

Last: _____

Address: _____

Street Address: _____

Address Line 2: _____

City: _____

State: _____

Zip Code: _____

Cell Phone(Required): _____

Email(Required): _____

Home Phone: _____

VIN: _____

Vehicle Year(Required): _____

Vehicle Make(Required): _____

Vehicle Model(Required): _____

I am the owner of the vehicle referenced above and/or represent that I have the authority on behalf of the vehicle owner to enter into this Repair Authorization.

Do you have a deductible?
( ) Yes ( ) No

Consent(Required)
I agree to each of the terms contained above and authorize Bumper King Autobody, LLC to repair my vehicle.

Signature(Required)

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