

AUTHORIZATION FOR REPAIRS

WILSON'S BODY SHOP

1882 DUNN AVE. JACKSONVILLE FLORIDA 32218

CUSTOMER _____

VEHICLE _____

DATE CAR IN _____ RENTAL ___ Y ___ N _____

INS COMP _____ DEDUCTIBLE _____

ESTIMATE OF REPAIRS INCLUDES, LABOR AND DIAGNOSIS. IF FURTHER INSPECTION ADDITIONAL PARTS REPAIRS ARE NEEDED, YOU WILL OR INSURANCE COMPANY WILL BE CONTACTED.

PLEASE READ CAREFULLY, CHECK ON THE STATEMENTS BELOW AND SIGN.
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL IS \$150.00

I REQUEST A WRITTEN ESTIMATE.

I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIRS DO NOT EXCEED \$ _____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED DATE _____

CIRCLE ONE: CASH _____ CREDIT CARD _____ NO PERSONAL CHECKS

ESTIMATES ARE GOOD FOR 30 DAYS. FACILITY IS NOT RESPONSIBLE FOR DAMAGE CAUSED BY THEFT, FIRE OF ACTS OF NATURE. I AUTHORIZE THE ABOVE REPAIRS TO MY VEHICLE INCLUDING THE NECESSARY MATERIALS AND SUBLET WORK. YOU AND YOUR EMPLOYEES MAY OPERATE MY VEHICLE FOR THE PURPOSE OF TESTING, INSPECTION AND DELIVERY AT MY RISK. IF I CANCEL REPAIRS TO MY VEHICLE FOR ANY REASON, I UNDERSTAND THAT A TEARDOWN FEE OF \$150.00 WILL APPLY, I UNDERSTAND THAT A CHARGE OF \$30.57 PER DAY WILL BE CHARGED IF I FAIL TO PICK UP WITHIN 3 WORKING DAYS OF NOTIFICATION OF COMPLETION. ESTIMATES ARE FREE UNLESS VEHICLE IS NOT REPAIRED, THEN A FLAT RATE OF \$80.00 BODY AND \$125.00 MECHANICAL PER HOUR WILL BE CHARGED, MINIMUM OF ONE HOUR, THE REPAIRS HAVE A LIFETIME GUARANTEE OR AS LONG AS YOU OWN THE VEHICLE. PARTS GUARANTEED AS LONG AS MANUFACTURE WARRANTY.

SIGNATURE: _____

DATE: _____

PHONE # _____

WILL YOU BE IN A RENTAL? _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

CITY _____ ST _____ ZIP _____ WOULD

YOU LIKE TO SAVE ANY DAMAGED PARTS THAT WE MAY HAVE REPLACED? Y _____ N _____

DIRECTION TO PAY FORM

OWNER/CLAIM INFORMATION

Name _____ License Plate _____

Address _____

Home Phone _____ Business/Cellphone _____

Year _____ Make _____ Model _____

Insurance Company _____ Claim # _____

DIRECTION TO PAY

I authorize _____ Insurance Company to pay _____
directly on claim number _____ in the amount of \$ _____. In the event the insurance
or adjustment company inadvertently mails the settlement/supplement check to me in error, I hereby agree to notify the relevant
facility immediately and deliver the check to that facility within 24 hours of my receipt of said check.

X _____
Customer Printed Name

X _____
Customer Signature

X _____
Date

Body Shop Wilson's Body Shop

Body Shop Tax ID 59-2310109

Body Shop Address 1882 Dunn Ave Jax, FL 32218

Body Shop Phone 904-751-2323

Body Shop Contact Brian