B-IMPORTS

Mandeville

3940 Florida Street Mandeville, LA 70448
(985) 626-7572
b-imports@outlook.com

AUTHORIZATION

Customer Name (Please Print)_____

Year_____ Make_____ Model_____

Claim #_____

Please Check One: Insured____ Claimant_____ Personal_____ 3rd Party____

Phone #_____ Email:_____

Customer Communication Preference: Phone_____ Email_____

Do you consent to being sent a brief survey? Yes_____ No_____

I AUTHORITH B-IMPORTS TO REPAIR THE VEHICLE ACCORDING TO THE REPAIR COST AS ITEMIZED AND TO PAY B-IMPORTS DIRECTLY.

Signature _____ Date: _____

Vehicle Picked Up By _____ Date:_____

COMPLETION OF REPAIRS TO VEHICLES IS SUBJECT TO CHANGE DUE TO PARTS, INSURANCE APPROVAL, PROGRAMMING, ETC

DATE	AMOUNT & DEDUCTABLE	DEPOSITED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____