GARY'S AUTO BODY

VEHICLE REPAIR AUTHORIZATION

CUSTOMER INFORMATION

Customer Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____

VEHICLE INFORMATION

Year: _____ **Make:** _____ **Model:** _____

Color: _____ **Mileage:** _____

VIN: _____

License Plate: _____ **State:** _____

INSURANCE INFORMATION

Insurance Company: _____

Claim Number: _____

Adjuster Name: _____

Adjuster Phone: _____

REPAIR AUTHORIZATION

I hereby authorize **Gary's Auto Body** to perform the repairs necessary to restore my vehicle as outlined in the repair estimate and any insurance-approved supplemental repairs required to complete the repair.

I understand and agree to the following:

- Repairs will be completed using accepted industry repair procedures.
- Additional hidden damage may be discovered after repairs begin. Gary's Auto Body is authorized to contact me and/or my insurance company to obtain approval for any necessary supplemental repairs before proceeding.
- I understand that my insurance company may not pay for all repair costs. I am responsible for payment of my deductible and any charges not covered by my insurance policy.
- I agree to remove all personal belongings from my vehicle. Gary's Auto Body is not responsible for loss or damage to personal property left in the vehicle.
- Storage charges may apply for vehicles not picked up within a reasonable time after notification that repairs have been completed.
- Payment of all customer-responsible charges is due upon completion of repairs unless prior written arrangements have been made.

DIRECTION TO PAY (OPTIONAL)

I authorize my insurance company to issue payment directly to **Gary's Auto Body** for repairs performed to my vehicle.

Customer Initials: _____

CUSTOMER AUTHORIZATION

I certify that I am the owner of the above vehicle or have the authority to authorize these repairs. I have read, understand, and agree to the terms of this Repair Authorization.

Customer Signature: _____

Printed Name: _____

Date: _____

SHOP USE ONLY

Repair Order #: _____

Vehicle Received: _____

Estimated Completion Date: _____

Received By: _____

Notes: