



GREG'S COLLISION CENTER LLC

4320 Mission Ridge Blvd, El Paso, TX 79928
Fernanda: (915) 299-9451 | Edwin: (915) 299-9452
GregsCollisionCenterep@gmail.com
Mon-Fri 9:00 AM-5:00 PM | Sat-Sun Closed

Repair Authorization

CUSTOMER & VEHICLE INTAKE

Repair order / estimate #	Date received	Date of loss (if applicable)
Customer / vehicle owner	Phone	Email
Customer address		
Year / make / model	Color	Mileage
VIN	License plate / state	Insurance company
Claim number	Adjuster / contact phone	

1 | INSPECTION & DIAGNOSTIC AUTHORIZATION

I authorize only the inspection, diagnostic tests, scans, test driving, or disassembly described below. Any teardown, parts removal, and reassembly costs must be identified before approval.

Actions / disassembly / parts removal (or attach work order)	Approved inspection limit (\$)
Reassembly cost / condition if repairs are declined	

Customer signature - inspection approval	Date	Time

2 | REPAIR AUTHORIZATION & PAYMENT TERMS

Attached itemized estimate # / date / revision	Authorized repair total (\$), incl. tax	
Authorized repairs / special instructions (or refer to attached estimate)		
Estimated completion date	50% deposit amount (\$)	Deductible (\$), if applicable

I authorize Greg's Collision Center LLC to perform only the repairs in the identified estimate and to obtain necessary parts/materials. Additional work or charges require my approval before proceeding. A 50% deposit is due to start; the remaining balance is due when the vehicle is completed, before release. I am responsible for my deductible and approved charges not paid by insurance. Completion dates are estimates; the shop will communicate delays. I confirm I am the owner or authorized representative and have received a copy of this form and the referenced estimate.

Customer signature - repair approval	Date	Time

Complete applicable fields and attach the itemized estimate before signing. Keep a signed copy for customer and shop.