50 STARS AUTO SALES LLC

COLLISION REPAIR AUTHORIZATION FORM

Shop Address: _____
***City / State / ZIP:* _____**
***Phone:* ____**
Email: _____

CUSTOMER & VEHICLE INFORMATION

Customer Name: _____

Address: _____

City / State / ZIP: _____

Phone: _____

Email: _____

Vehicle Year: _
***Make:* ____**
Model: ___
***VIN:* _____**

License Plate: __
***Mileage:* _____**

INSURANCE INFORMATION

Insurance Company: _____

Claim Number: _____

Policy Number: _____

Insurance Adjuster: _____

Adjuster Phone: _____

Date of Loss: ___

REPAIR AUTHORIZATION

I hereby authorize **50 Stars Auto Sales LLC** to inspect, diagnose, disassemble, repair, refinish, and/or replace damaged components on the vehicle identified above as necessary to restore the vehicle to an appropriate pre-loss condition, subject to the terms of this authorization.

I understand that additional damage may become visible after disassembly or during the repair process. I authorize **50 Stars Auto Sales LLC** to document and communicate any supplemental damage or additional repairs to me and/or my insurance company.

No additional repair work that materially increases my out-of-pocket responsibility will be performed without my authorization, except where otherwise permitted by applicable law.

I understand that repair estimates are subject to change if hidden, supplemental, or previously unknown damage is discovered.

CUSTOMER AUTHORIZATION

☐ I authorize 50 Stars Auto Sales LLC to perform the collision repairs described in the estimate and any properly authorized supplemental repairs.

☐ I authorize 50 Stars Auto Sales LLC to communicate with my insurance company, adjuster, or other responsible party regarding the repair of my vehicle.

☐ I understand that I am responsible for any deductible, customer-authorized charges, or other amounts not paid by my insurance company.

Estimated Repair Amount: $_____

Insurance Deductible: $____

Customer Out-of-Pocket Amount: $_____

PARTS & REPAIR PROCEDURES

Parts may include OEM, aftermarket, recycled, reconditioned, or other appropriate replacement parts as specified in the repair estimate and/or approved by the customer or insurance carrier.

Special Instructions / Customer Requests:

VEHICLE STORAGE & TOWING

I understand that storage, towing, rental vehicle, teardown, diagnostic, or other charges may apply depending on the circumstances of the repair.

Tow-In Date: ___

Storage Authorized: ☐ Yes ☐ No

Rental Vehicle Needed: ☐ Yes ☐ No

CUSTOMER ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have provided accurate vehicle and insurance information.
- I authorize the repair work described above.
- I understand that hidden or supplemental damage may be discovered during repairs.
- I understand that additional work may require additional authorization.
- I understand my responsibility for deductibles and other customer-authorized charges.
- I have had the opportunity to ask questions regarding the repair process and charges.

Customer Name (Print): _____

Customer Signature: _____

Date: ___

Time: ___

SHOP USE ONLY

Repair Order #: _____

Estimate #: _____

Date Vehicle Received: _____

Date Repairs Authorized: _____

Estimated Completion Date: ____

Assigned Technician: ___

Service Advisor: _____

Odometer In: _____

Odometer Out: ____

ADDITIONAL AUTHORIZATION / SUPPLEMENTAL REPAIRS

Description of Additional Work:

Additional Authorized Amount: $_____

Customer Initials: ___ **Date:** _____

Insurance Approval: ☐ Yes ☐ No ☐ Pending

Additional Notes:

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50 STARS AUTO SALES LLC

Customer authorization should be obtained before performing additional customer-paid repairs. This form should be reviewed and adapted to applicable Texas laws and the shop's specific business practices.