LEWIS COLLISION

2466 Deane Solomon Rd • Fayetteville, AR 72704 • 479-435-9700

REPAIR AUTHORIZATION

CUSTOMER INFORMATION

Customer Name:

Address:

Phone: Email:

VEHICLE INFORMATION

Year: Make: Model:

VIN:

License Plate: Mileage:

Insurance Company:

Claim #: RO #:

AUTHORIZATION TO REPAIR

I authorize **Lewis Collision** to perform the repairs necessary to restore the vehicle described above, including repairs outlined in the initial estimate and any necessary supplemental repairs identified during the repair process.

I authorize Lewis Collision and its employees to operate and move my vehicle as necessary for estimating, repair, testing, inspection, and quality-control purposes.

I understand that additional damage may be discovered after disassembly and that the final repair cost may differ from the original estimate. Lewis Collision may communicate with my insurance company regarding repair procedures, supplements, parts, and payment related to this claim.

DIRECTION TO PAY

I authorize my insurance company to issue payment directly to **Lewis Collision** for repairs performed on my vehicle. I understand that I remain responsible for my deductible and any charges not covered or paid by my insurance company.

Customer Signature: _____ Date: _____

Lewis Collision Representative: _____ Date: _____