REPAIR AUTHORIZATION

Name _			
Address _ City, State, Zip _			
-		Work Phone	
Cell Phone			
Year/Make/Model		_	
Insurance Company _			
Claim No.			
• WORK AUTH	ORIZATION		
estimate or that writter includes parts, labor ar	n by the insurance and diagnosis. Parts acturer. If upon	company referenced s prices quoted are cu further inspection ad-	s in accordance with its writte above. The estimate of repair arrent, but are subject to chang ditional parts and/or repairs ar
I hereby authorize empinspection or delivery.	loyees of the repair	shop to operate my v	vehicle for the purpose of testing
repairs, and I will not h	old the repair shop ersonal property le	or its employees resp	ongings from my vehicle prior to consible for loss or damage to the ardless of value, in case of fire
• PAYMENT AU	JTHORIZATION		
vehicle to be paid direction fact to accept on my such checks, drafts or understand that I am betterment amounts or necessary to restore my	tly to the repair sho behalf any and all bills for deposit a responsible for failure of my insura y vehicle to its pre made, the total an	op. I do hereby appoint checks, drafts or bill as credit on my account any deductible, adjusted ance company to pay accident condition a	lements for repairs made to m nt the repair shop as my attorne as of exchange and to endorse a ant for repairs on my vehicle. Istment for depreciation and/o other labor, part or material cost as required by state law. Unless arges must be paid in full before
- ·	y reasonable attorr	-	nechanic's lien is acknowledged, osts in the event that legal action
Signature of Vehicle O	wner	Date	<u> </u>