BELLOC AUTO SPA COLLISION

COLLISION REPAIR AUTHORIZATION

CUSTOMER & VEHICLE INFORMATION

Customer Name: _____	Phone: _____
Address: _____	Email: _____
Year / Make / Model: _____	VIN: _____
License Plate / State: _____	Mileage: _____

INSURANCE & CLAIM INFORMATION

Insurance Company: _____	Claim #: _____
Adjuster Name: _____	Adjuster Phone: _____
Policy #: _____	Date of Loss: _____

REPAIR AUTHORIZATION

I authorize **Belloc Auto Spa Collision** to inspect, diagnose, photograph, estimate, disassemble, repair, refinish, reassemble, test, and road-test the vehicle identified above as reasonably necessary to restore it following the collision. I authorize the shop to order parts, materials, subcontracted services, and related repairs required to complete the authorized work.

• **Supplemental damage:** Hidden or additional damage may be discovered after disassembly. Additional work and charges will be communicated for approval when reasonably practicable.

• **Insurance:** Insurance estimates or payments do not by themselves limit the actual cost of repairs. I remain responsible for authorized charges not paid by an insurer, including applicable deductible or non-covered items.

• **Parts:** Parts may be OEM, aftermarket, recycled, remanufactured, or other appropriate parts as permitted by applicable law and the repair agreement.

• **Storage / delays:** Storage, towing, teardown, diagnostic, or other charges may apply under the shop's posted terms and applicable law.

• **Personal property:** Customer should remove valuables and personal belongings from the vehicle.

CUSTOMER-REQUESTED REPAIRS / SPECIAL INSTRUCTIONS

_____

_____

_____

AUTHORIZATION & SIGNATURES

By signing below, I confirm that I am the vehicle owner or otherwise authorized to approve repairs. I have had an opportunity to ask questions about the proposed repairs and authorize Belloc Auto Spa Collision to proceed with the work described in this authorization and subsequent approved supplements. This form does not replace any separate estimate, repair order, warranty, lien, storage agreement, or other document required by applicable law.

Customer / Authorized Representative Signature: _____	Date: _____
Printed Name: _____	Time: _____
Shop Representative Signature: _____	Date: _____