Graham's Auto Body and Paint - 32980 Interstate 10 West, Suite 101 - Boerne, TX 78006

NAME _____ DATE _____

PHONE _____ EMAIL _____

YEAR _____ MAKE _____ MODEL _____

____ INSURANCE

If repairs are being claimed through insurance, we need to know before starting repairs or **you will be responsible for any charges that your insurance company does not cover.** Your insurance will specify where to get parts from, how much they will pay for parts and what labor rates they will pay. We can honor **most** insurance company prices, but we have to know what they are ahead of time. Please provide us with a copy of your approved insurance estimate upon dropping off your vehicle.

____ PAYMENT

Payment is due in full at time of pickup. This includes your deductible if the damage is being claimed through insurance. We will not release your vehicle until we have received full payment. We accept cash, check & card. **There is a 3.5% surcharge added to all card transactions.**

____ DAMAGE

Please remove your valuables before leaving vehicle for service. We are not responsible for damage to vehicles left on premises in case of fire, theft, weather or any other cause beyond our control.

____ STORAGE

Vehicles left past 2 business days of notification that repairs are completed will incur a $75/day storage fee, unless previous arrangements have been made.

____ RENTAL

If you are in a rental car through insurance, we cannot guarantee that your repairs will be completed before your rental coverage runs out. We will try our absolute best, but we cannot control how quickly we receive the parts, materials or supplements needed to complete your repairs.

____ COMMUNICATION

We provide repair updates on Tuesdays and Thursdays via text or email. Which method is most convenient for you? TEXT/EMAIL _____

____ **AUTHORIZATION TO REPAIR**

I hereby authorize repair of the above vehicle. I grant permission to Graham's employees to operate my vehicle for the purpose of testing and/or inspection.

____ I acknowledge that there are serious delays in production and shipping that can affect the arrival of parts and materials needed for my vehicle's repairs. I acknowledge that prices of parts and materials are subject to change daily. I understand this is not at the fault of Graham's and I will not hold Graham's responsible for any such happenings. I acknowledge that the estimated repair time is an estimate.

_____ _____

Customer signature **Date**

Failure to read what I am signing is not at the fault of Graham's.

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YEAR _____ MAKE _____ MODEL _____

INSURANCE _____ CLAIM _____

AUTHORIZATION TO REPAIR

I hereby authorize repair of the above vehicle. I grant permission to Graham's employees to operate my vehicle for the purpose of testing and/or inspection. I acknowledge that Graham's is not responsible for delays caused by the unavailability of parts, shipping delays or waiting for insurance authorization. The estimated repair time is an estimate.

PAYMENT & DEDUCTIBLE

You are responsible for paying your deductible to the repair shop. You are also responsible for ensuring that the insurance payment is received by yourself or the shop before vehicle pickup. We will not release your vehicle until the full payment has been received.

Deductible $_____ **I have/have not received my insurance check yet.**

DIRECT PAY AUTHORIZATION

I hereby authorize payment to be made directly to Graham's for any repairs made to my vehicle.

SIGNATURE AUTHORIZATION

I hereby authorize Graham's to sign any insurance payment on my behalf.

_____ _____

Customer signature **Date**

Failure to read what I am signing is not at the fault of Graham's.