A+ COLLISION
AUTO BODY REPAIR
DRIVEN BY QUALITY. RESTORED WITH CARE.

315 San Pedro Ave
San Antonio, TX 78212
210-908-9057

VEHICLE REPAIR AUTHORIZATION

CUSTOMER INFORMATION

Customer Name: _____ Phone: _____

Address: _____ Email: _____

City / State / ZIP: _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____

VIN: _____ License Plate: _____ Mileage: _____

Insurance Company: _____ Claim Number: _____

Date Vehicle Received: _____ RO #: _____

AUTHORIZATION TO REPAIR

I hereby authorize A+ Collision to perform the repairs necessary to restore the vehicle described above, subject to the repair estimate and any additional authorization required by applicable law. I authorize reasonable disassembly or removal of damaged components as necessary to inspect hidden damage, diagnose the vehicle, prepare estimates or supplements, and complete authorized repairs.

INSURANCE & SUPPLEMENT AUTHORIZATION

I authorize A+ Collision to communicate with my insurance company, adjuster, appraiser, or other parties involved with my claim for purposes related to the repair of my vehicle. I understand additional damage may be discovered after disassembly begins and that A+ Collision may prepare and submit supplemental estimates for additional damage, parts, labor, procedures, or operations. I understand that the insurance company's estimate may differ from A+ Collision's repair plan and that I remain responsible for my deductible and any charges not paid or authorized by my insurance company, subject to applicable law.

PARTS & REPAIR PROCEDURES

I understand replacement parts may include OEM, aftermarket, recycled, reconditioned, or other parts depending upon availability, insurance coverage, customer authorization, and applicable requirements. Repairs will be performed according to A+ Collision's repair plan and applicable manufacturer procedures when required for a safe and proper repair.

VEHICLE OPERATION

I authorize A+ Collision employees or representatives to operate and road-test my vehicle when reasonably necessary for diagnosis, repair, calibration, quality-control inspection, transportation between repair facilities or vendors, or verification of completed repairs.

PAYMENT

I understand that I am responsible for my deductible and for authorized charges not paid by my insurance company.
Payment is due upon completion of repairs and before the vehicle is released unless other arrangements have been approved by A+ Collision.

My deductible is approximately: $ _____

STORAGE & VEHICLE PICKUP

I agree to pick up my vehicle promptly after being notified that repairs are complete. Storage charges may apply if the vehicle is not picked up within the time permitted by A+ Collision's posted policies and applicable law.

PERSONAL PROPERTY

I understand that A+ Collision is not responsible for loss of or damage to personal property left in the vehicle. I am encouraged to remove valuables before leaving the vehicle.

AUTHORIZATION & AGREEMENT

By signing below, I acknowledge that I have read and understand this Vehicle Repair Authorization and agree to its terms.

Customer Signature: _____ Date: _____

Thank you for choosing A+ Collision!