Cox Autobody, Inc.
2570 Sunset Strip
Mountain Home, ID 83647
(208) 587-5659 FAX: (208) 587-5005

RO #:
OP: 09/24/2025
Estimator: ROBERT COX

Repair Authorization

Customer Information	Vehicle Information	Insurance Information
Name:	Vehicle:	Ins Co:
Address:	Style:	Contact:
	License:	Phone:
Phone:	VIN:	#:
	Mileage:	Deduct:

I hereby authorize the above repair work to be performed, including the use of necessary materials. As the vehicle owner, I grant consent for Cox Auto Body, Inc. to extract data stored in the vehicle, including data from its event data recorder, prior to conducting any scanning or diagnostic operations. Cox Auto Body, Inc. agrees that access to such data will be strictly limited to the purpose of performing vehicle diagnostics and/or repairs. I authorize Cox Auto Body, Inc. and its employees to operate the above vehicle for the purposes of testing, inspection, or delivery, at my own risk. An express mechanic's lien is acknowledged on the above vehicle to secure payment for the repairs performed.I confirm that I have removed all personal belongings from the vehicle. Cox Auto Body, Inc. will not be held responsible for loss or damage to the vehicle or any articles left inside in the event of fire, theft, accident, or any other cause beyond its control. I understand that Cox Auto Body, Inc. cannot guarantee an exact delivery date. Any dates provided are estimates only, and the company is not responsible for delays caused by the unavailability of parts or hidden damage. I acknowledge that the total amount of repair charges must be paid in full before the vehicle will be released. In the event legal action is necessary to enforce this contract, I agree to pay reasonable attorney's fees and court costs.

Vehicle Owner Signature: _____ Date: _____

---- ASSIGNMENT OF RIGHTS AUTHORIZATION ----

I hereby assign Cox Autobody, Inc. the right to collect and retain any and all amounts required to repair the above vehicle, including but not limited to, amounts due for labor rate discrepancies, parts price discrepancies and repair procedures from my insurance company. This includes collection and deposit of checks made out directly to the above repair company, and checks made jointly to the above repair company and the claimant or insured for this vehicle.

Assignor: _____ Date: _____

Witness: _____

---- RESPONSIBLE PARTY STATEMENT ----

(Sign if applicable only)

I hereby certify and acknowledge that _____ is fianacially responsible for all charges associated to the repair of the above vehicle, including but not limited to, amounts due for labor rate discrepancies, parts price discrepancies and repair procedures. I understand the total amount of the repair charges must be paid before the above vehicle can be released, unless other arrangements have been made. IN THE EVENT LEGAL ACTION IS NECESSARY TO ENFORCE THIS CONTRACT, I WILL PAY REASONABLE ATTORNEY'S FEES AND COURT COSTS.

Responsible Party Representative Signature: _____

Date: _____