



**COBB'S BODY SHOP**  
 5155 ADOBE ROAD  
 TWENTYNINE PALMS, CA 92277  
 (760)367-3433

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Address \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model : \_\_\_\_\_ Trim \_\_\_\_\_

Lic. Plate \_\_\_\_\_ State \_\_\_\_\_ Registration Expiration Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mileage: \_\_\_\_\_ Email address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_  
 Customer Pay \$ \_\_\_\_\_  Insurance Pay \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

**All deductibles, customer paid repairs, betterment and insurance repairs must be paid in full by the following means:**

(Initial below)

- \_\_\_\_\_ 1. Cash, Money Order or Cashiers Check. (ask us about our Cash discount program)
- \_\_\_\_\_ 2. Insurance Check or Payment Check.
- \_\_\_\_\_ 3. Personal Check, \$2,500 Maximum, and subject to check guarantee.
- \_\_\_\_\_ 4. Financing\* (Sunbit, 1stMile, or WiseTack)
- \_\_\_\_\_ 5. Visa or Mastercard\*\*, \$5000 Maximum, over \$300 requires additional charges. Any supplements that are left open on your account will be billed to your insurance company. A Mechanics lien will remain in place until the account is paid in full.

We appreciate your selection of our business to serve your auto body repair needs. Your regard and trust are important to us and we will try to keep them, always providing you with personal, sincere and professional care. Please feel free to call us whenever you have any questions regarding your automobile.

**Comments:** \_\_\_\_\_

**Authorized and accepted:**

You are hereby authorized to make the specified repairs. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other causes beyond your control.

(Select One)

[Do]  [Do not] Discard removed and replaced parts  
(check all that apply):

Ignition Key  Door/Trunk Key   
 Gas Key  Lug Nut/Wheel Cover Key

**Alarm Code (if applicable)** \_\_\_\_\_ (Set On Valet Mode)

**Stereo Code (if applicable)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Repair Facility In Agreement :**

<b>Signature of Authorized Representative</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____

**Scheduled In Date:** \_\_\_\_\_ **Scheduled In Time:** \_\_\_\_\_:\_\_\_\_\_ [ ] AM [ ] PM