Repair Authorization Form

HTA Automotive Specialists • 21150 Oklahoma 125, Fairland, OK 74343 • (918) 320-0775

Customer Information

Customer Name: _____ Phone: _____

Email: _____ Alt Phone: _____

Address: _____

Vehicle Information

Year/Make/Model: _____ **VIN:** _____

License Plate: _____ **Mileage:** _____

Color: _____ **Keys Provided (Y/N):** _____

Insurance / Claim (if applicable)

Insurance Company: _____ **Claim #:** _____

Adjuster Name: _____ **Adjuster Phone/Email:** _____

Work Requested (check all that apply)

☐ Collision Repair / Estimate   ☐ Detailing (Interior/Exterior)
☐ Mechanical Maintenance / Repair   ☐ Ceramic Coating / Paint Protection
☐ Customization / Accessories   ☐ Diagnostics

Notes / Customer Concerns: _____

_____

Authorization & Terms

• I authorize HTA Automotive Specialists to inspect, diagnose, disassemble/tear down as needed for a complete estimate, and perform the repairs/services described above, including any road test necessary to verify concerns and confirm repairs.

• I understand that additional damage or needs may be discovered during teardown or repair. HTA will notify me and obtain my approval before performing any additional work beyond the originally authorized scope.

• I authorize HTA to communicate with my insurance company and provide photos, estimates, supplements, and documentation on my behalf related to this repair/claim. Any supplements will be submitted for insurance approval before work proceeds.

• I grant HTA permission to operate my vehicle on public roads for testing/verification purposes as needed.

• I acknowledge that storage fees may apply if the vehicle is left after repairs are complete or after I am notified to pick up.

Customer Authorization Signature

Customer Signature: _____ Date: _____

Printed Name: _____ Time: _____

Office Use Only

RO/Invoice #: _____ **Received By:** _____

Estimate Amount ($): _____ **Deposit ($):** _____

This form authorizes inspection/teardown and repairs/services as approved. Keep a copy for your records.