Geaux Collision

Repair Authorization Form

Customer Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Vehicle: _____

VIN: _____

Insurance: _____ Claim #: _____

Estimator: _____ RO #: _____

I hereby authorize Geaux Collision to perform the repairs necessary to restore my vehicle. I authorize the purchase of materials and use of subcontractors when required. Additional damage may require supplemental approval. I authorize Geaux Collision to contact me and/or my insurance company regarding supplemental repairs. I understand that personal belongings should be removed from the vehicle. Geaux Collision is not responsible for personal property left in the vehicle. I authorize reasonable road testing, scanning, calibrations, and movement of the vehicle as necessary to complete repairs. Payment is due upon completion unless other arrangements have been made in writing.

Customer Signature: _____ Date: _____

Authorized by Geaux Collision: _____ Date: _____

Geaux Collision
11467 N. Harrells Ferry Rd.
Baton Rouge, LA 70816
Phone: (225) 430-6988