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AUTHORIZATION FOR REPAIR

VEHICLE OWNERS NAME _____

INSURED'S NAME _____

VEHICLE _____ VIN # _____

INSURANCE COMPANY _____ AMOUNT OF CLAIM \$ _____

CLAIM # _____ DATE OF LOSS _____

I hereby authorize this repair facility to make the necessary repairs in accordance with its written estimate or that written by the insurance company referenced above. The estimate of repair includes parts, labor, materials, and diagnosis. If, upon further inspection, additional parts or repair are needed, I will be contacted for oral authorization if the amount I must pay will be increased. Parts prices quoted are current but subject to change per manufacturer's notification. I agree you are not responsible for delays caused by unavailability of parts due to supplier or transporter shipments. I understand that it is my responsibility to remove personal belongings from the vehicle prior to repair and you are not responsible for loss or damage in case of fire, theft, or any other cause.

_____ initial

I hereby give permission to operate the above vehicle for the purpose of testing and/or inspection.

Please Print Name

Authorized Signature

Date

To secure payment for the repairs authorized above, I acknowledge that this repair facility has a lien on my vehicle and may retain possession of my vehicle until all such repair costs have been paid. I further agree to pay reasonable attorneys' fees and court costs in the event that legal action is necessary to enforce this contract.