

COLLISION CENTER AUTHORIZATION FORM

CUSTOMER NAME _____ E-MAIL _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ DAYPHONE _____ OTHER _____
VEHICLE DROPPED FOR REPAIRS _____ STORAGE/DAY _____
VEHICLE YEAR _____ MAKE _____ MODEL _____
VIN _____ EST. DAYS TO REPAIR _____
INSURANCE: (IF APPLICABLE) _____
1ST PARTY _____ 3RD PARTY _____

"You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than the estimate but shall not exceed: (1) any price limited estimate; or (2) any parts or labor estimate by more than 10%. Additional repairs may not be performed without your consent. You may waive your right to notification, which gives the collision repair facility the right to set the price without your permission. Your signature will indicate your selection."

ILLINOIS LAW REQUIRES YOUR SIGNATURE ON ONE OF THE FOLLOWING:

- (a) I request an estimate in writing before you begin repairs.

Signature **X** _____ Date _____

DROP OFF:

PICK UP:

CUST. AMOUNT DUE: _____
INS. CHECK AMOUNT \$ _____
DEDUCTIBLE AMOUNT \$ _____

- (b) Please proceed with repairs but call me for approval before continuing if the price exceeds \$ _____

Signature **X** _____ Date _____

INS. CO. _____
CLAIM # _____
CONTACT NAME: _____
PHONE # _____
FAX # _____

- (c) I do not want an estimate and you may set the price of repairs.

Signature **X** _____ Date _____

TOW COMPANY:

DATE & AMOUNT: _____

VEHICLE INSPECTED FOR RELEASE

"This estimated price for authorization repairs will be honored if the motor vehicle is delivered to the facility within the time period agreed to by the consumer and the collision repair facility."

I understand that my vehicle will not be released until this collision repair facility has received payment in full. And, by my signature, I acknowledge that I have read and agreed to the terms and conditions stated herein. A list of charges incidental to repairs is available upon request.

Signature **X** _____ Date _____