

AUTHORIZATION FOR REPAIR

(hit CTRL P to print)

Vehicle owner's name: _____

Address: _____ City _____

State: _____ Zip: _____ Day Phone: _____ Other: _____

Vehicle Year: _____ Make _____ Model _____ Mileage _____

VIN: _____

I authorize ZIP'S AUTO BODY, INC. to estimate and repair my vehicle described above in accordance with the repair estimate received.

I understand that the repair may exceed the original amount estimated involving additional parts, labor, etc. and hereby authorize ZIP'S AUTO BODY, INC. to move forward with any said additional labor and/or parts without prior notification as long as it is accident related and covered under my insurance claim.

Substitute transportation is the vehicle owner's responsibility. ZIP'S AUTO BODY, INC. cannot be held liable for any charges either incidental or incurred. Rental coverage issues and policy limits are set by the insurance company and limits may be exceeded due to the repair process causing delays due to the complexity of the repair process.

In the event that I cancel said repair after signing of this authorization to repair, the owner of the above vehicle may be held liable for a 30% restocking fee for any and all parts ordered on their behalf.

DATED: _____

Vehicle owners signature