Headlight Restoration Consent Form

Client Information
Full Name
Phone Number
Vehicle Make / Model / Year
Service Overview
Consent & Acknowledgement
I authorize the headlight restoration service to be performed on my vehicle.
 I understand the process may not restore headlights to their original factory condition. I acknowledge there may be minor imperfections or limitations based on pre-existing headlight condition.
 I understand the restoration may be temporary and longevity depends on aftercare and environmental factors.
I release the service provider from liability for any damages or outcomes not caused by negligence.
Client Signature & Date
Signature
Date