

# Collision Damage Repair Authorization Form

Customer Name

Phone Number

Email

Date

Vehicle Make

Model

Year

VIN

License Plate

Insurance Company

Claim Number

Description of Damage

Repair Instructions

Estimated Cost

Authorization

I hereby authorize the above-described repairs to be made to my vehicle. I agree that the repair facility is not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any cause beyond their control.

Customer Signature

Date