## **Transmission Repair Authorization**

| Customer Name  |               |        |  |  |
|--|---------------|--------|--|--|
|  |               |        |  |  |
| Address  |               |        |  |  |
|  |               |        |  |  |
| Phone  |               |        |  |  |
|  |               |        |  |  |
| Date   |               |        |  |  |
| Vehicle Make / Model   |               |        |  |  |
|  |               |        |  |  |
| Year   |               |        |  |  |
|  |               |        |  |  |
| License Plate  |               |        |  |  |
|  |               |        |  |  |
| VIN  |               |        |  |  |
|  |               |        |  |  |
|  |               |        |  |  |
| Service Details  |               |        |  |  |
| Description  | Parts / Labor | Amount |  |  |
|  |               |        |  |  |
| Total Estimate   |               |        |  |  |
|  |               |        |  |  |
|  |               |        |  |  |
| Authorization  |               |        |  |  |
| Additional Notes   |               |        |  |  |
|  |               |        |  |  |
|  |               |        |  |  |
| I hereby authorize the repair and/or service work to be performed on the above vehicle as described. I acknowledge responsibility for payment in full upon completion. |               |        |  |  |
| respondibility for paymont in full aport con   | npiodoli.     |        |  |  |
|  |               |        |  |  |
| Customer Signature   |               |        |  |  |
| Customer Signature  Date   |               |        |  |  |