

Sign & date highlighted area then email this form to auto_body78@outlook.com so we can get to work!
Or print, sign and fax to 870-935-5815.

AUTHORIZATION TO ORDER PARTS & REPAIR VEHICLE

Vehicle Owner's Name _____

Vehicle Description (Yr/Make/Model) _____

Claim # _____ Date of Loss _____

Deductible Amount \$ _____ (Due at pick up of repaired vehicle by owner)

I authorize COLLISION REPAIR OF JONESBORO to order the parts and repair my vehicle unless it is determined that the vehicle is an economic total loss. If owner does not bring in the vehicle for repairs on the date specified and after parts are ordered, the owner will be responsible for a 10% restocking fee.

Vehicle Owner's Signature Date

I have received a copy of the initial and final auto repair estimate.

I authorize _____ insurance company to pay

COLLISION REPAIR OF JONESBORO \$ _____ on my behalf.

Any person who knowingly presents a false or fraudulent claim of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subjected to fines and confinement in prison.

Vehicle Owner's Signature Date

I certify that repairs have been completed as indicated on the final automated repair estimate.

Repairer's Signature Date