

## Repair Authorization and Agreement

Date:

Name: Phone		Number:		
Street Address:				
City:		State:	Zip Code:	
Vehicle Year:	Make:		Model:	
VIN Number:			_	
Email Address:			_	
Is this an insurance claim? Ye	es No	If no, where is	the damage?	<u></u>
If yes, please fill out the follow	ving:			
Date of loss:		Insurance comp	oany:	
Claim Number:			_	
Empire Notes:				
Approved by Client Signat	ure:	**************************************	DC	rte:
	Re	pair Agreem	ent and Authorizatior	1
damages that are not on insurar company which are done in the Dent and Body will not be held be reason the work arrangement shadministration fees (\$75 per day dropped off at the shop to the d may take longer that 30 days. Fover the first 30 days of rental.	nce estimate allotted ar allotted ar allotted ar allowed ar allowe	te that are not fixe mount of time give age fees will comn anceled by either p as restocking fees, to licked up/delivere be sure you have a ment will also serve	ed by Empire Dent and Body a en will be done to the best of or nence 1 day after notification of party, the following fees may a ear down and transfer fees ma d. If your vehicle has an origina n alternate source of transporter as a "Power of Attorney" only	ribove listed vehicle for repair. Any re considered courtesy repairs and ur ability. Any dissatisfaction Empire of vehicle repairs are complete. If for any oply; Storage fee(\$35 per day) y also be applied from the date it was all estimate over \$5,000.00 the repairs ation. Insurance companies usually only used for endorsements of payments or due in full at time of pickup. Promise
Print Name:				
Signature for Release:				Date: