



281.338.8777 Office * 281.332-4878 Fax

Name _____
Address _____ City _____ State _____ Zip _____
Work # _____ Home _____ Cell _____
Email Address _____
Year _____ Make _____ Model _____ Color _____
Insurance Company _____ Phone# _____
Adjuster _____ Claim # _____

I hereby authorize Clear Lake Body Shop to repair the above mentioned vehicle. I agree that this company is not responsible for loss or damages to this vehicle and or loss of articles caused by theft, fire, or any other cause beyond our control, or for any delays caused by unavailability of parts or shipping delays. I hereby grant permission to this company's employee's to operate on the above mentioned vehicle for the purpose of testing or inspection. Due to the complexity of the repair we can NOT Guarantee a specific delivery time. The total amount of repair charges must be paid in full before the vehicle can be released for delivery. If Insurance coverage is to be applied against partial or total payments, I acknowledge that the insurance check/draft must be obtained by myself or sent in advance by the insurance prior to releasing the vehicle as described above. The undersigned do hereby constitute and appoint Clear Lake Body Shop as my attorney in fact and in my name, place or stead to execute and sign on my behalf. Settlement and satisfactory from the insurance company representing the loss and damages in the proof of loss and damage in the proof of loss of which I execute and forward to Clear Lake Body Shop. **NO CHANGES TO THIS FORM WILL BE RECONGIZED IF SIGNED.**

AUTHORIZED
SIGNATURE _____ DATE _____

Driver's License # _____ Exp. Date _____ Birth Date _____

PLEASE LET US KNOW HOW TO NOTIFY YOU ON THE STATUS OF REPAIRS AND AN ESTIMATED COMPLETION DATE.

CELL WORK HOME EMAIL