



Family Owned and Operated Since 1956

Please fill out the following:

CUSTOMER NAME: _____

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ LIC. PLATE _____

INSURANCE COMPANY: _____

REPAIR AUTHORIZATION

I hereby authorize and assign Auto Service and Tire, Inc. the rights to negotiate the repairs to the above vehicle with the above insurance company and to perform repairs in accordance.

I understand this to include any and all supplements and expect to be notified when costs exceed insurance approval.

I hereby grant you and/or your employee's permission to operate the vehicle for purpose of testing and/or inspection.

I agree that you are not responsible for lost or damage to said vehicle and/or article left in vehicle in case of fire, theft or any other circumstance beyond our control, or repaired delays caused by the unavailability of parts or delay in delivery of parts from suppliers.

An expressed mechanic's lien is here acknowledged on the above vehicle to secure the cost of repairs there to.

Customer Name

Date