



10437 Lewistown Rd. Ph: (804)798-3411
Ashland, VA 23005 Fx: (804)752-7041
FID: 54-1639674

AUTHORIZATION TO REPAIR

Vehicle owner(s) name:

.....
(Type or Print Name[s])

.....
(Address[es])

The **vehicle** which is **involved** in the loss/accident is:

.....
(Year) (Make) (Model) (Vehicle Identification Number / V.I.N.)

Estimate details:

.....
(Version) (Total Amount)

The estimate written, for the vehicle listed above, is based on a visual inspection only and does not cover additional parts and labor which may be required after the repairs have begun. If, upon further inspection, additional labor or parts are needed for the repair and the cost of repair increases by more than 10% we will NOT proceed with the repairs without authorization from the vehicle owner(s) listed above or the insurance company.

Beautiful Bodies, Inc. will not be held responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft or any other cause beyond their control.

I here by authorize the above repair facility to repair the vehicle listed above, in accordance to the estimate provided, along with all the necessary labor, materials, and parts.

I here by authorize **Beautiful Bodies, Inc.** and their employee(s) to operate the above listed vehicle for the purposes of diagnosis, testing, sublet repairs, or delivery at my own risk.

.....
(Signature of Owner/Lessee) (Date)

.....
(Type or Print Name)

