

Customer Information

Name		Cell Phone	
Address		Home Phone	
City	State	Work Phone	2
Zip Email:			
Year Make		Model	
Insurance and Payment Infor	——————————————————————————————————————		
Insured In	is. Company		Deductible Amount: \$
Claimant C	laim#		Adjuster Contact
Customer Paid Insurance Prepaid Amount:		nt:	Phone Number
How would you like to receive	vehicle status updates?	Phone	_EmailText
Rental Needed? Y / N			
Shop Use Only: Odometer For Tesla O I grant permission for the s Mode on my I understand that while my ve all mobile access will Initia	hop to initiate Service vehicle. hicle is in Service Mode, be relinquished.		
Authorization to kepair The Estimate to Repair includes parts, labor and diagnoses. If, on further inspection additional parts or repairs are needed, I authorize the shop to contact either myself or insurance for funds needed. We are not responsible for loss or damage to your vehicle from fire, theft, accidents or any cause beyond our control. I authorize the repair work to be done along with the necessary material and hereby grant your employees permission to operate the vehicle for the purpose of testing and inspections. An express mechanic's lien is hereby acknowledged on the vehicle to secure the amount of the repairs. My signature authorizes you to endorse and cash any draft made payable to me for the repairs authorized. I grant permission for my vehicle to be moved to another Unique Auto Body location for purposes of load balancing.			
Signature:		_ [Date: