

**Howard Auto
Body & Repair**



CITY LICENSE:1591888
TAX ID: 201-754453

ESTIMATE AUTHORIZATION

RO#: _____

YEAR: _____ **MAKE:** _____ **MODEL:** _____

MILEAGE: _____ **PLATE NUMBER:** _____ **COLOR:** _____

VIN NUMBER: _____

I hereby authorize and request an estimate of repair to be prepared with costs and if necessary, dismantle parts of my vehicle to do so. I understand that this is not an authorization to repair and is only for evaluating damages for myself or the insurance company covering the cost of repairs.

Additionally, I authorize the above repairs to be done along with the necessary materials. I authorize Howard Auto Body & Repair and employees to operate the above-mentioned vehicle for purposes of testing or inspecting. Howard Auto Body & Repair will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident, or any cause beyond control.

Lastly, I understand that said estimate is not the final price invoice and is an evaluation of damages and repairs.

VEHICLE OWNER SIGNATURE: _____ **DATE:** _____

I do NOT want an estimate and you may set the price of repairs.

VEHICLE OWNER SIGNATURE: _____ **DATE:** _____