



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 estimate to be done 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. I understand that I am responsible for any fees that may incur for the estimate. IF I decide to move forward with the repairs, I understand I will be responsible for the full payment at the time of vehicle release. Payments can be made using all major credit cards, which include a 3.5% service fee, or via personal/cashier's check and cash. By signing this form, I consent for Howard Auto Body to proceed with the estimate.

PLEASE CHOSE BELOW:

I REQUEST AN ESTIMATE IN WRITING BEFORE YOU BEGIN REPAIR _____
(Signature)

PROCEED WITH REPAIRS, BUT CALL ME FOR APPROVAL BEFORE CONTINUING IF PRICE EXCEEDS: \$ _____

(Signature)

I do not want an estimate and Howard auto Body may set the price of repairs _____
(Signature)

VEHICLE OWNER SIGNATURE: _____ DATE: _____