

Repair Authorization Form

RO# _____



USING THE MOST MODERN EQUIPMENT AND TECHNOLOGY

FORT WASHINGTON AUTO BODY INC.
6100 LIVINGSTON RD.
OXON HILL, MARYLAND 20745
TEL: 301-567-2200 / FAX: 301-567-4111
www.fortwashingtonautobody.com

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

HOW DO YOU WANT TO BE CONTACTED? _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

I hereby authorize the above repair company to repair my vehicle based upon the estimate(s). I agree to allow your employees to operate the above vehicle for purposes of repairing, testing, inspection or delivery. Fort Washington Auto Body, Inc. will not be held responsible for loss or damage to my vehicle or articles left in my vehicle in case of fire, theft or accident or any other cause. Storage fees of \$40.00 a day will be charged if vehicle is not picked up 72 hours after completion of repairs. An express mechanic's lien is acknowledged on the above vehicle to secure the amount of repairs thereto. In event legal action is necessary to enforce this contract, I the above will pay reasonable attorney's fees and court costs.

The undersigned grants limited power of attorney to Fort Washington Auto Body, Inc. for the purpose of endorsing insurance checks in the event co-pay insurance checks and or drafts is/are issued to shop for repair of said vehicle.

WE ARE UNABLE TO GUARANTEE A COMPLETION DATE OR TIME, DUE TO THE COMPLEX NATURE OF THE REPAIR PROCESS. THEREFORE WE DO NOT ACCEPT ANY LIABILITY FOR RENTAL FEES THAT EXCEED YOUR INSURANCE COMPANYS LIMITS.

SIGNED _____

DATE _____