



EAGLE AUTO BODY INC.

License #: 02898-A Federal ID#: 223026637

202 MT. HOLLY RD.

MEDFORD, NJ 08055

(609) 953-5768 Fax: (609) 953-9556

AUTHORIZATION FORM

ESTIMATE OF REPAIR: \$ _____

DATE: _____

The estimate of repair includes parts, labor and diagnosis. The report is based upon our initial inspection of your vehicle and doesn't not include repairs other than those itemized on the estimate. If additional damage is discovered after work has begun, you will contacted immediately and advised of additional cost.

Repairs will be made for you as owner. If you do not intend to pay with your own funds, please make certain the insurance company can deliver their check to you in time to pick up your vehicle. All charges are due at the time the work is completed. If a lienholder is named on the insurance check, their endorsement must be obtained by you.

I understand that I am responsible for payment of my deductible and/or any applicable betterment.

We are proud of our technicians and craftsmen and we thank you for letting us serve you.

→ CUSTOMER AUTHORIZATION _____

Estimate Prepared by _____

ADDITIONAL REPAIR AUTHORIZATION AMOUNT: \$ _____ DATE: _____

PHONE NO: _____ TIME: _____ PERSON CONSENTING: _____

If vehicle is returned to customer before authorization repairs are performed, a diagnostic and handling charge, including reassembly, will be made.

POWER OF ATTORNEY -

I do hereby appoint the aforementioned business as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange, and to endorse all such checks, drafts, or bills of exchange for deposit to the aforementioned business' account for credit on my account for repairs on my vehicle which has been released and accepted.

→ ACCEPTED BY: _____ DATE: _____

Right to Receive Replaced Parts Notice / Waiver: A customer of this shop has the right to receive the replaced parts from vehicle. Customer is hereby notified that there will be a \$15.00 fee per day for storing the replaced parts commencing on the date the vehicle is delivered or the date the repairs are paid for, which ever comes first if the parts are not picked up by customer at that time. By initialing below I am waiving my right to receive the replaced parts. Initials _____

Notice of Right to Inspect Repairs Before Marking Payment: Customers of this shop or his/her insurance company have the right to inspect the repaired vehicle before paying for the repairs.

Warranty Terms & Limit: These repairs are covered by a limited warranty. Labor for a period of 2 years. Parts and materials subject to the terms as extended by each manufacturer or vendor. Warranty repairs to be performed at sellers place of business. Seller hereby limits implied warranty to the period stated.

Storage Notice: Customers of this facility are hereby notified that we charge storage at the rate of \$40.00 per day on vehicles left at our facility that we do not repair.

Estimated Date of Delivery Notice: Estimated Date of Delivery _____ Estimated date of delivery may chance due to parts delay or back ordered parts, weather conditions, insurance related delays or unforeseen and uncontrollable factors.

OFFICE USE ONLY

Received From	Amount Received	Type of Payment	Balance Due
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____