

AUTO BODY UNLIMITED, INC.

PHONE: 727 443-4041
1300 SUNSET POINT ROAD

FAX: 727 230-9268
CLEARWATER, FL 33755

AUTHORIZATION TO REPAIR A VEHICLE

I, _____, am authorizing **Auto Body Unlimited, Inc.** to repair my vehicle, Make: _____, Model: _____ Year: _____.
Vin#: _____ Odometer:

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PLEASE READ CAREFULLY, CHECK ALL THAT APPLY AND SIGN:

I UNDERSTAND, DUE TO STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL REPAIR COST EXCEEDS \$100.00.

___ I REQUEST A WRITTEN ESTIMATE, I UNDERSTAND THAT THIS IS A PRELIMINARY ESTIMATE, A FINAL REPAIR COST MAY EXCEED THE AMOUNT OF \$_____.

___ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COST DOES NOT EXCEED \$_____. THIS SHOP MAY NOT INCREASE THE AMOUNT OF THE VEHICLE REPAIR, WITHOUT MY WRITTEN OR ORAL APPROVAL.

___ I DO NOT REQUEST A WRITTEN ESTIMATE.

___ I REQUEST THAT **Auto Body Unlimited, Inc.** WILL ISSUE ME ALL BILLINGS OF THE REPAIR COST. THAT I WILL PAY AT THE TIME I RECEIVE MY VEHICLE.

___ I AUTHORIZE AND GIVE POWER OF ATTORNEY TO **AUTO BODY UNLIMITED, INC.** TO HANDLE ALL MATTERS RELATED TO ABOVE VEHICLE REPAIR. THIS POWER OF ATTORNEY IS NOT JUST LIMITED TO NEGOTIATE WITH THE INSURANCE COMPANY; IT ALSO INCLUDES **AUTO BODY UNLIMITED, INC.** TO BE PAID DIRECTLY FROM LIABLE INSURANCE COMPANY AND BE ABLE TO CASH ANY CHECK MADE OUT FOR THIS REPAIR WITH OR WITHOUT MY SIGNATURE. I WILL BE RESPONSIBLE FOR THE DEDUCTIBLE IF APPLICABLE, WHICH I WILL PAY AT THE TIME I RECEIVE MY VEHICLE. **AUTO BODY UNLIMITED, INC.** MAY SEEK LEGAL REPRESENTATION TO COLLECT ANY COSTS RELATED TO THIS REPAIR CLAIM ON MY BEHALF WHICH IS NOT AUTHORIZED IN THE INSURANCE COMPANY APPRAISAL BUT REPAIR REQUIRED UNDER **THE FLORIDA MOTOR VEHICLE REPAIR ACT.**

** This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. ***s. 403.718, F.S. mandates a \$1.00 fee for each new tire sold in the State of Florida. ***s. 403.7185, F.S. mandates a \$1.50 fee for each new or remanufactured battery sold in the State of Florida.

Estimate good for 30 days. Facility is not responsible for damage caused by theft, fire or acts of nature. I authorize the above repairs to my vehicle including the necessary materials and sublet work. You and your employees may operate my vehicle for the purpose of testing, inspection and delivery at my risk. If I cancel repairs to my vehicle for any reason, I understand that a teardown and reassemble fees of \$_____ will apply. I understand that a charge of \$ 35.00 per day will be charged if I fail to pick up my vehicle within (3) working days of notification of completion, I also understand that no parts will be ordered until a payment or a check is received and clears by the repair shop's bank on the estimate.

SIGNATURE: _____ **DATE:** _____

PHONE: _____ CELL: _____

EMAIL: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NOTE: _____