



RIO AUTO BODY, INC.

PHONE: 609-463-8444 • FAX: 609-463-9303
2702 ROUTE 9 • RIO GRANDE, NJ 08242

Tax ID #: 223-267-808/000

AUTHORIZATION TO REPAIR:

I AUTHORIZE RIO AUTO BODY, INC. TO MAKE ALL OF THE NECESSARY REPAIRS TO MY:

VEHICLE TYPE

INSURANCE COMPANY (IF APPLICABLE)

CLAIM # (IF APPLICABLE)

DIRECTION OF PAYMENT:

I AUTHORIZE ANY AND ALL PAYMENTS TO BE MADE ON MY BEHALF, BE DIRECTED TO AND PAYABLE TO RIO AUTO BODY, INC. FOR REPAIRS OF THE ABOVE VEHICLE.

VEHICLE OWNER'S SIGNATURE

DATE

PHONE NUMBER

****** PART PRICES SUBJECT TO INVOICE **** AUTHORIZED AND ACCEPTED** – YOU ARE HEREBY AUTHORIZED TO MAKE THE ABOVE-SPECIFIED REPAIR. I UNDERSTAND THAT PAYMENT IN FULL WILL BE DUE UPON RELEASE OF VEHICLE, INCLUDING ADDITIONAL SUPPLEMENTAL DAMAGE CHARGES, AND HEREBY GRANT YOU AND YOUR EMPLOYEES, PERMISSION TO OPERATE THE VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT OR ANY OTHER CAUSE BEYOND YOUR CONTROL. I AUTHORIZE ANY AND ALL SUPPLEMENTS PAYABLE DIRECTLY TO YOU.

******* INITIAL AUTHORIZATION – SUPPLEMENTAL AUTHORIZATION ******* – BY SIGNING ABOVE, I GIVE MY VERBAL AUTHORIZATION, AND ANY AND ALL SUPPLEMENTAL AUTHORIZATIONS TO HAVE THE NECESSARY REPAIRS MADE TO MY VEHICLE.

****** REPLACED PARTS DISCLAIMER ****** – BE ADVISED – IF YOU REQUEST TO RETAIN THE DAMAGED PARTS THE PARTS MUST BE PICKED UP ON THE DATE THE VEHICLE IS RETURNED TO YOU. IF THEY ARE NOT, THERE WILL BE A \$25.00 PER DAY CHARGE TO STORE THE PARTS. THE PARTS WILL BE HELD FOR A MAXIMUM OF 5 DAYS, AT WHICH TIME, THE PARTS WILL BE DISCARDED AT A COST TO THE CUSTOMER OF \$100.00

****** INSPECTION DISCLAIMER ****** – BE ADVISED THAT THE CUSTOMER OR HIS / HER INSURANCE COMPANY HAS THE RIGHT TO INSPECT THE REPAIRED VEHICLE BEFORE PAYING FOR THE REPAIRS