

Mill City Auto Body
51 Oak Hill Road
Westford, MA 01886
Tel: 978-692-2333 Fax: 978-392-0709
RS# 500

First Name: _____ Last Name: _____ Billing Claim: _____

Vehicle VIN : _____

AUTHORIZATION

*** PART PRICES ARE SUBJECT TO ACTUAL INVOICES ***

I hereby authorize the repair of the above vehicle as described in the attached Estimate/Repair Order. I Agree that this company is not responsible for loss or damage to this vehicle and/or loss of articles caused by fire, theft or any other cause beyond our control or for any delays caused by the unavailability of parts or shipping delays. I also hereby grant permission to this company's employees to operate the above vehicle for the purpose of testing and/or inspection. To secure payment in the amount of repairs thereto, an expressed mechanic's lien on the above vehicle is acknowledged and I further agree to pay reasonable attorney's fee and court cost in the event that legal action becomes necessary I will be contacted for authorization if additional repair costs is required. If NEW PARTS listed in the attached Estimate/Repair Order are NOT available, this company reserves the right to REPAIR such damaged or worn parts, where possible, the charge for which will be adjusted accordingly between the part price and the labor required. Old parts will be junked unless requested before work is begun.

Due to the complexity of the repair and quality of the work required, we are unable to always guarantee a specific delivery time.

Term: If insurance coverage is to be applied against partial or total payment, I acknowledge that the insurance coverage is to be applied against obtained by myself or sent in advance by the insurance company prior to release of the repaired vehicle as described.

Signature: _____

Date: ___ / ___ / ___

Original Damages: _____

Deductible Applies: _____

Supplement: _____

Betterment: _____