



Authorization Form

I hereby authorize *Taylor Auto Body & Associates Inc.* to make specific repairs. I understand that full payment will be due upon release of the vehicle, including additional supplemental damage charges. I hereby grant **Taylor Auto Body & Associates Inc.** permission to operate the vehicle on streets, highways, or elsewhere for the purpose of testing and/or inspection.

Taylor Auto Body & Associates Inc. will dispose of old parts removed from the vehicle unless otherwise instructed.

Customer Information

Customer: _____

Insurance & Claim #: _____

Due in Date:

Year- Make- Model: _____

Vehicle Release Policy

- All repairs must be paid in full prior to release of vehicle (unless prior arrangements have been made)
- Multiple party checks must be endorsed by all parties prior to vehicle release
- Estimated delivery date is not guaranteed and is subject to change

Signature

Authorized Signature (Primary): _____ Date: _____