

Herb Chambers Collision Center

75 Lundquist Drive

Braintree, MA 02184

1-781-849-7700 Fax:1-781-843-7128

RO #

OP:

Estimator:

Repair Authorization

Customer Information

Name:

Address:

Phone:

Vehicle Information

Vehicle:

Style:

License:

VIN:

Insurance Information

Ins Co:

Contact:

Phone:

#:

Deduct: \$0.00

I hereby authorize the repair of the above vehicle. Herb Chambers Collision Center is not responsible for loss or damage to this vehicle due to causes beyond their control. Nor is the above repair company responsible for articles left in vehicle that are lost or damaged due to causes beyond their control. I understand the above repair company cannot guarantee an exact target delivery date - these dates are estimates only and the above repair company is not responsible for delays caused by the unavailability of parts or delays due to hidden damage. I also hereby grant permission to the above repair company's employees to operate the above vehicle for the purpose of testing and/or inspecting.

The total amount of the repair charges \$ _____ must be paid before the above vehicle can be released.

The Deductible in the amount of \$0 must be paid before the above vehicle can be released.

---- ASSIGNMENT OF RIGHTS AUTHORIZATION ----

I hereby assign the Herb Chambers Collision Center right to collect and retain any and all amounts required to repair the above vehicle, including but not limited to, amounts due for labor rate discrepancies, parts price discrepancies and repair procedures from my insurance company. This includes collection and deposit of checks made out directly to the above repair company, and checks made jointly to the above repair company and the claimant or insured for this vehicle.

Vehicle Owner Signature: _____ **Date:** _____