

After hours repair authorization and key drop

This form will serve as a temporary repair order, further Total Auto Body LLC will not be able to repair your vehicle without this form completed and signed.

Name: _____

Phone: _____

Email: _____

Address: _____

License Plate# _____

Car Make/Model _____

Insurance Company _____ Claim # _____

Please list the damaged areas you would like us to inspect and/or repair. Please provide us with accident details as this will assist the estimator and technician in repairing your vehicle.

Accident details _____

I request a written estimate.

I do not request a written estimate as long as repairs do not exceed \$_____.

I do not request a written estimate.

I authorize the above repair work to be completed along with necessary parts and materials to complete said repairs. Total Auto Body LLC and its employees may operate the above described vehicle for purposes of testing, inspecting and delivery. Total Auto Body LLC and its agents are not liable for loss or damage of any items left in above listed vehicle.

Signature _____ Date _____