

**CAPITOL BODY SHOP, INC.**

**AUTHORIZATION TO REPAIR**

This is to confirm that Capitol Body Shop, Inc. has my permission to restore my vehicle to its pre accident condition or in accordance with the itemized attached hereto.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Vehicle Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Mileage: \_\_\_\_\_ License: \_\_\_\_\_

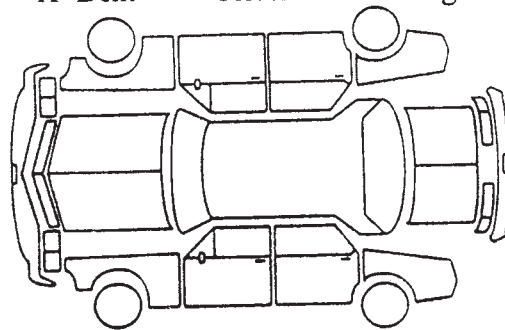
VIN#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Fuel Gauge: E ¼ ½ F

X=Dent -----=Scratch O=Missing

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I hereby authorize the repair work to be done along with any necessary materials. I also authorize employees or representatives of Capitol Body Shop to operate the above vehicle for testing, inspection or delivery at my risk. I also understand that Capitol Body Shop is not responsible in any way for the items or articles left in my vehicle upon drop off.

I understand that payment is due upon delivery of the vehicle. If payment is made by personal check and said check is not honored by maker's bank, additional charges may be due as per applicable statues of Mississippi law. If this account is referred to an attorney for collection, I understand that I will be liable for reasonable attorney fees and all costs of collection.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date