

CAPITOL BODY SHOP, INC.

Jackson • Byram • Ridgeland • Flowood

VEHICLE RELEASE AGREEMENT

Customer Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____

Color: _____ Mileage: _____ License: _____

VIN: _____

Insurance Information:

Insurance Company: _____

Claim #: _____ Adjuster: _____

Date of Loss: _____ Repair Order #: _____

Amount \$: _____

I, _____ (claims representative),

agree to pay direct to Capitol Body Shop, Inc the amount of \$ _____

within _____ working days.

Signature

Date