

REPAIR AUTHORIZATION

Gentile's Collision, Inc.

50499 Van Dyke Avenue Shelby Twp., MI 48317
(586) 739-3777 Reg. #: F116382
Contact@GentilesCollision.com

Received: _____

Completed: _____

Picked Up: _____

Vehicle: _____ VIN: _____

Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone #'s – Please list in the order you would like to be called

_____ Home/Work/Cell (circle one)

_____ Home/Work/Cell

_____ Home/Work/Cell

Authorization to repair per Gentile's Collision Estimate _____ Amount: _____

I understand that after repairs have started additional damage may be found requiring additional parts and/or labor. If charges are to exceed the original estimate amount the vehicle owner will be contacted by Gentile's Collision to go over the additional damage/charges.

Authorization to repair per Insurance Company Estimate _____

Insurance Company: _____ Claim # _____

I authorize my Insurance Company to act as my agent by accepting the estimate, authorizing repairs and approving any additional supplemental repairs to my vehicle on my behalf. I voluntarily request Gentile's Collision to provide services or parts in the repair of the vehicle described above. I understand that I am responsible for payment of my deductible or any other charges not paid by my insurance company. I grant Gentile's Collision Power of Attorney to endorse checks payable to me from my insurance company for the cost of repairs.

_____ **Waiver of Estimate:** I voluntarily request Gentile's Collision to provide services or parts in the repair of the vehicle described above without receiving an estimate of repair costs. I understand that a complete estimate cannot be written unless my vehicle is disassembled. Therefore, I give up my right to receive an estimate of the cost for repairs prior to starting repairs.

_____ **Diagnostic Estimate:** The extent of repairs cannot be determined without inspection and/or disassembling of the vehicle. Gentile's Collision will contact the customer for authorization to proceed with repairs once diagnosis is complete. In the event customer decides not to have repairs performed, the diagnostic fee and/or cost of reassembling the vehicle will be at the customer's expense.

Parts Replacement Disclosure: You are entitled by law to the return of all parts replaced, except those which are too heavy or large, and those required to be sent back to the manufacturer or distributor because of warranty work or an exchange agreement. You are entitled to inspect the parts that cannot be returned to you.

I request return of replaced parts: Yes _____ No _____ (Initial)

NOTE: If you request return of replaced parts it is your responsibility to pick-up and remove parts. **Parts will be held for 24 hours only after completion of repairs/vehicle delivery and then disposed of.**

I acknowledge that my vehicle may be repaired with aftermarket crash parts supplied by a source other than the manufacturer of my motor vehicle. Warranties that apply to these replacement parts are provided by the manufacturer, distributor, or insurer of these parts.

I grant Gentile's Collision and/or its employee's permission to operate the vehicle on streets and highways for the purposes of inspection and testing at my own risk. I agree that I am responsible for articles left in vehicle in case of fire, theft or other causes beyond the control of Gentile's Collision and/or its employees. I understand that payment in full is due upon release of vehicle, unless other arrangements are made. I acknowledge Gentile's Collision, Inc. has an express garage keeper's lien to secure payment for repairs. I will have no right to possession until repair and related costs are paid in full.

Signature: _____ **Date:** _____