



62 LACOMBE STREET MARLBORO MA 01752

CUSTOMER NAME: _____

ADDRESS: _____

VEHICLE YEAR: _____ MAKE: _____ MODEL: _____

AUTHORIZATION TO REPAIR- NON INSURANCE CLAIM

I hereby authorize the repair work to my vehicle along with the necessary parts and materials and hereby grant you and/or your employee's permission to operate the vehicle on streets/highways or elsewhere for the purpose of test driving and/or inspection. I understand that upon completion of said repairs I am responsible for full payment of my final invoice.

SIGNATURE: _____ DATE _____

Tax ID # 20-3946944

RS # 4413

EXP. 05/31/20

Substitute transportation is owners' responsibility. Ultra Shine Collision cannot be held liable for any charges either incidental or incurred. Rental coverage issues and policy limits are set by the insurance company and limits may be exceeded due to the repair process. Duration on repair is Estimate Only. Ultra Shine Collision is not responsible for delays. This is due to the complexity of the repair process.