AUTO REPAIR CONSENT FORM

Customer Information	
First Name	Last Name
Auto Information	
Vehicle Make	
Vehicle Model	
Vehicle Year	
Venicle real	
Vehicle Identification Number (VIN)	
(,	
Description of Service/Repairs to be completed	
vehicle. I understand that unforeseen circumsta repair process, and I authorize the performance the proper function and safety of my vehicle. I acknowledge that I have been provided with ar I agree to pay for all services rendered, including initial request. I understand that payment is due	of additional services deemed necessary for nestimated cost for the services requested, and any additional work authorized beyond the
I release this business and its employees, agents or damage to my vehicle, its parts, or personal p damages caused by their negligence or intentior	roperty left inside the vehicle, except for
I understand that all reasonable efforts will be m but they are not responsible for any loss or dam uncontrollable events.	•
I certify that I am the owner or authorized agent of the vehicle described above and have the legal authority to authorize the services requested.	
Signature Date:	Signature: