

C & F AUTO BODY
REPAIR AUTHORIZATION AND DIRECTION OF PAY
Phone 410-969-4950 Fax 410-969-3631

Vehicle Owner's Name _____

Vehicle _____
Year Make Model

Vin _____

Insurance Co. _____ Deductible \$ _____

Claim # _____ Contact _____

PAYMENT MUST BE RECEIVED BEFORE VEHICLE IS RELEASED!!!

I authorize C&F Auto Body to repair my vehicle, unless it is a total loss. The estimate provided does not cover any worn or damaged parts that are discovered once work has begun on your vehicle. These parts may not have been evident on the first estimate. All customers will be notified of any changes to the estimate prior to work being done. Furthermore I authorize Insurance Company to pay C & F Auto Body on my behalf.

Vehicle Owners Signature _____ Date _____

Daytime Phone _____

E-Mail _____

C&F Auto Body certifies that repairs have been completed as indicated on the final repair estimate. C&F Auto Body guarantees the repair we have done to your vehicle for 1 year to today's date.

Date Initials

Method of payment, personal check and insurance check. We also except Visa and Master Card. Please be advised of our Posted Labor Rates. If your insurance company will not pay the posted rates C&F charges, the customer must make up the difference.