

Repair Authorization Form

RO# _____



11725-156 Street

Edmonton, AB T5M 3N4

Bus: 780.732.6990 FAX: 780.482.7271

collision@crosstownautobody.ca

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

I hereby authorize Crosstown Auto Body to repair my vehicle based upon the Insurance Approved estimate(s). I agree to allow your employees to operate the above vehicle for purposes of repairing, testing, inspection or delivery. Crosstown Auto Body will not be held responsible for loss or damage to my vehicle or articles left in my vehicle in case of fire, theft or accident or any other cause.

SIGNED: _____ DATE: _____