
Claim Number

Policy Number

VEHICLE REPAIR ORDER

I hereby authorize _____

as my chosen repair facility to repair my vehicle, which is described below, and in accordance with the estimate which was prepared by the repair facility.

Year: _____

Make: _____

Model: _____

VIN: _____

License: _____

In carrying out these instructions, the repair facility is acting solely on my behalf and not for any insurance company, or for any of its representatives. The repair facility is authorized to move this vehicle to their facility to conduct repairs.

Owner's Signature

Date

ACCEPTANCE BY THE REPAIR FACILITY

We accept this repair order under the conditions indicated above, and we agree to repair the vehicle to the entire satisfaction of _____ at a cost not to exceed our estimate of \$_____.

Repair Facility Signature

Date