

YOUR BUSINESS NAME
ADDRESS
PHONE PRINTED HERE

In compliance with Public Act 95-0562, Truth in Towing, we require signed authorization for all vehicles towed/repaired/stored at our facility.

I _____ hereby authorize YOUR BUSINESS NAME
PLEASE PRINT NAME

to tow, repair and/or store my vehicle as per the attached work order, along with necessary materials.

* Owner's Signature * _____ / ____ / ____
DATE

* Phone Request * requires owner's driver's license,
social security or passport # _____

You and your employees may operate vehicle for purposes of testing, inspection or delivery at your own risk. An express mechanics lien is acknowledged on vehicle to secure the amount of repairs to be performed. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accidents or any other cause beyond your control. You are entitled by law to the return of all parts repaired, except those which are too heavy or large and those required to be sent back to the manufacturer or distributor for use in warranty work or exchange agreement. You are entitled to inspect the parts which cannot be returned to you.

_____ I REQUEST THE RETURN OF PARTS REPAIRED
Initial

_____ I DO NOT WANT REPLACED PARTS RETURNED TO ME
Initial

You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than consent. You may waive your right to a written estimate, and you must be notified if the price exceeds an amount you have specified. You may waive your right to an estimate which give the repair shop the right to set the price without your permission. ALL REPAIR WORK AND PARTS USED ARE WARRANTED FOR A MINIMUM OF 90 DAYS AND 3000 MILES. YOUR SIGNATURE BELOW INDICATES YOUR SELECTION. Choose (a) (b) or (c)

(a) I request an estimate in writing before you begin repairs.

Signature _____

(b) Proceed with repairs. Call me if price exceeds. \$ _____

Signature _____

(c) I do not want an estimate and you may set the price for repairs.

Signature _____

IF YOU HAVE AUTHORIZED A REPAIR IN ACCORDANCE WITH THE ABOVE INFORMATION, YOU ARE REQUIRED TO PAY FOR THE COST OF THE REPAIR PRIOR TO TAKING THE VEHICLE FROM THE PREMISES.

Owner(s) Name _____ Date _____

Drivers License # _____ License Plate # _____

Vehicle Description _____ VIN _____