

Auto Body Clinic, Inc. 17-19 High Street Reading, MA 01867-3117 Phone: 781-944-0033 | Fax: 781-944-8435

Last Name:

Tax ID: 042694666 RS#162

Customer First Name:

Vehicle:	Vin#	Claim#
* PAR'	AUTHORIZA I PRICES ARE SUBJECT	_
that this company is not resp fire, theft or any other cause shipping delays. I also hereby the purpose of testing and/or mechanics lien on the above court costs in the event that it total estimate of repairs inclureveals that additional repairs required. If NEW PARTS list reserves the right to REPAL	consible for the loss or damage beyond our control, for an argument permission to this combined inspection. To secure payment wehicle is acknowledged and I legal action becomes necessarudes all parts, labor, handlings are necessary I will be contained in the attached Estimated R such damaged or worn pa	bed in the attached Estimate/Repair Order. I agree ge to this vehicle and/or loss of articles caused by y delays caused by the unavailability of parts or apanies employees to operate the above vehicle for t in the amount of the repairs thereto, an expressed further agree to pay reasonable attorney's fee and may to enforce this contract. I acknowledge that the g and diagnosis and agree that, if closer analysis eted for authorization if additional repair costs are at Repair Order are NOT available, this company rts, where possible, the charge for which will be required. Old parts will be junked unless requested
Due to the complexity of the specific delivery time.	repair and the quality of the w	ork required, we are unable to always guarantee a
	pplied against obtained by my	partial or total payment, I acknowledge that the vself or sent in advance by the insurance company
Signature:		Date:/
Original Damages:		

Auto Body Clinic - Good as New!