

Alliance Auto Collision Center

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DATE

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DEAL WITH

ESTIMATE PRICE

ESTIMATE ID

WORK DESCRIPTION

CUSTOMER INFORMATION

NAME

CONTACT PERSON

ADDRESS

CITY

CA

DATE OF LOSS

PHONE #

CELL #

INSURANCE

CLAIM #

ADJUSTER NAME

TEL #

YEAR

MAKE

MODEL

COLOR

MILEAGE

LICENSE #

VIN #

COLOR CODE

TOWING COMPANY

TOWING FEE

RELEASE COMPANY

RELEASE FEE

CAR RENTAL COMPANY

I HEREBY AUTHORIZE THE REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIALS AND SUBJECT TO A THIRD PARTY WHERE NECESSARY. YOU AND YOUR EMPLOYEES MAY OPERATE THE VEHICLE FOR TESTING, INSPECTION, OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON VEHICLE TO SECURE THE AMOUNT OF ALL CHARGES HEREON. YOU WILL NOT BE HELD RESPONSIBLE FOR DAMAGE TO THE VEHICLES OR ARTICLES LEFT IN THE VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT OR ANY OTHER CAUSE. IN THE EVENT THE BILL FOR LABOR AND MATERIALS AUTHORIZED HEREBY IS NOT PROMPTLY PAID AND IS REFERRED TO AN ATTORNEY FOR COLLECTION OR SUIT, I AGREE TO PAY THE RESPONSIBLE ATTORNEY FEES AND COST INCURRED. LABOR CHARGES ARE FIX PRICES AND BEAR NO RELATIONSHIP TO ACTUAL HOURS OF LABOR PERFORMED. I HAVE REMOVED ALL PERSONAL BELONGINGS, IPOD, GPS, CAMERAS, GLASSES, AND ALL VALUABLES. THIS ESTIMATE DOES NOT COVER ADDITIONAL PARTS AND LABOR REQUIRED AFTER WORK ORDER IS PLACED. TEAR DOWN ESTIMATE \$250.00 STORAGE PER DAY \$35.00 ADMISSION FEE \$100 (IF VEHICLE IS TOTAL LOSS). MY VEHICLE WILL BE REASSEMBLED WITHIN 3 DAYS IF REPAIRS ARE DECLINED.

CUSTOMER SIGNATURE:

BY SIGNING THIS FORM YOU AUTHORIZE ALLIANCE AUTO COLLISION CENTER TO PERFORM REPAIR AND NECESSARY MATERIAL.