

Fred Haas Authorization To Repair



TOYOTA SCION WORLD



Name: _____
 Address: _____
 City/St./Zip: _____

Advisor: _____
 Ins. Co: _____
 Claim #: _____

Drop Off Date: _____ Time: _____ Is this vehicle leased through Toyota Financial Services ? Yes ___ No ___

Telephone: Home: _____ Work: _____
 Cell: _____ E-mail: _____

How did you hear about us? _____

Are you willing to participate in a PHONE survey after the repairs of your vehicle are complete? Yes No

Which method do you prefer to be contacted?

Cell Home Phone Work Phone Text Email

How often should we contact you?

Every few days Only when a delay occurs, or when additional work is required Only when my vehicle is ready

What is the best time to contact you?

In the morning In the afternoon Specific time Voice mail or text message any time is fine

Have you received an estimate from your insurance company? _____ **Have you received a check from your insurance company?** _____

Do you have a deductible? _____ If you do how much is your deductible? _____

*** AUTHORIZATION TO REPAIR ***

THE ESTIMATE OF REPAIR INCLUDES PARTS, LABOR AND DIAGNOSIS. IF UPON FURTHER INSPECTION
 ADDITIONAL PARTS OR REPAIRS ARE NEEDED, YOU WILL BE CONTACTED FOR FURTHER AUTHORIZATION.
 EXCLUSION OF WARRANTIES

Any warranties on the parts and accessories sold hereby are made by the manufacturer. The undersigned purchaser understands and agrees that the dealer makes no warranties of any kind, expressed or implied, and disclaims all warranties, including warranties of merchantability of fitness for a particular purpose, with regard to the parts and /or accessories purchased; and that in no event shall dealer be liable for incidental or consequential damages or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer, include, but are not limited to any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on vehicle below to secure the amount of repairs thereto. The dealership is not responsible for damages from freezing due to lack of antifreeze.

Do you authorize the use of NON OEM parts? Y N **If NO, are you willing to pay the difference between NON OEM parts that the insurance may put on your estimate and new O.E.M. parts** Y N

***** AUTHORIZATION TO REPAIR *****

AUTHORIZED SIGNATURE: _____ **DATE:** _____

FOR SHOP USE ONLY

VEHICLE INFORMATION

FOR SHOP USE ONLY

Mileage: a _____ Color: _____ Lic. Plate: _____ Lic. Exp.: _____

Vin: _____ Prod Date: _____ Vehicle: _____

SERVICES REQUESTED

DAMAGES: **SHOP USE ONLY**

- _____ B00 - Insurance
- _____ B01 - Body
- _____ B11 - Unibody
- _____ B10 - Refinish
- _____ B12 - Reassembly
- _____ B18 - Mechanical
- _____ B25 - 4 Wheel Align
- _____ B17 - Stripes
- _____ B16 - Wash

Prior Damage: _____

FAX # 281-297-7114