



Euro Tech Auto Body Inc.
53 Smith Place Cambridge Ma, 02138
Tel: (617) 871 2115 Fax (617)871 2114
www.euro-techautobodycenter.com
Tax ID 20-0179637.
RS#0004023 Exp. Date 5/31/2026

Insurance: _____ Date of Loss: _____ Claim: _____
 Date of Arrival: ____/____/____ Time of Arrival: _____

Name: X _____ Telephone (X) _____
 Address: _____

V.I.N: _____ YR: _____ Make: _____
 Odometer Reading: _____ Gas: _____

AUTHORIZATION TO REPAIR

I hereby authorize the repair work listed on the attached Insurance Company estimate, or work order request form to be completed, including parts and materials as needed. I further agree that if any obligation for said repairs, parts, or other materials is not paid when due, or suit is brought for payment, I will be responsible for all reasonable costs of collection including repossession, repossession fees, attorney fees, court costs and interest as provided by law. You and your employees may operate the above-mentioned vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanic's lien is acknowledged on the above-mentioned vehicle to secure the amount of the repairs thereto. You will not be held responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, accident, or any other cause beyond your control. I further certify that I have read the entirety of this Agreement and that I understand each of its provisions. My signature hereunder constitutes my acceptance of this proposal.

DIRECTION TO PAY

A Repair Facility or Appraiser has completed an appraisal of the damages to your vehicle. By initialing here ____, I hereby acknowledge receipt of a copy of the appraisal. Shops participating in Programs offer you a guarantee and quality repairs on your vehicle. Additionally, _____ will guarantee the repairs. _____ However can only offer a guarantee at our approved facility. If you would like _____ to issue payments to the repair shop you have selected directly, please sign and date the authorization below.

Authorization for repairs: X _____
Authorization for Direction to Pay: X _____

WAIVER

I understand that I have the right to know before authorizing any repairs what the repairs to my vehicle will be and what their cost will be. You need not obtain approval from me for repairs or inform me prior to performing repairs, what the repairs are or their cost, if the total amount for repairs does not exceed \$_____.

Waiver: _____

**** I also acknowledge and authorize that a Euro Tech Auto Body Employee will transport my vehicle to the main facility in 53 Smith Place Cambridge, Ma 02138 for my repairs to my vehicle****
IT'S A CUSTOMERS RESPONSIBILTY TO KNOW IF ANY DEDUCTIBLE APPLY'S AT THE TIME OF PICK UP