



2421 N.E. 5th Avenue
Pompano Beach, FL 33064
954-785-3784

A/B Lic. 191
Lic. MV01961
Fax 954-785-3793

Customer Information (Please Print)

Date: _____ Name: _____ Cell Phone: _____
 Address: _____ Apt or Suite _____ Work Phone: _____
 City: _____ State: _____ Zip: _____ Home: _____
 E-Mail or Fax: _____ Are you aware of any previous body work _____
 Year: _____ Make: _____ Model: _____

How did you select our company?

- Repeat Customer
- Customer Referral
By Whom: _____
- Dealer Referral
By Whom: _____
- Drive By
- Yellow Pages
- Insurance Adjuster
- Insurance Agent
- Other: _____

Would you refer your Agent?

() Yes () No

Name _____
 Location Address _____
 Phone _____
 If no, Why? _____

Source of Payment

- Your Insurance Company
- Their Insurance Company
- Yourself

Name of Insurance Company paying for this repair: _____

Date of Accident: _____

Policy#: _____

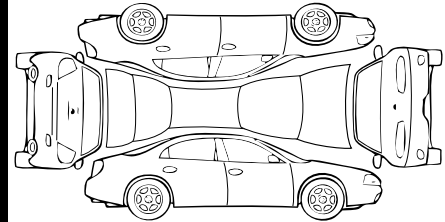
Claim#: _____

Deductible: \$ _____ must be collected before repairs are started.

Deposit on parts \$ _____ is required.

OFFICE ONLY

RO#: _____
 Vin# _____
 Odometer: _____
 Year _____
 Make/Model _____
 Color: _____
 Tag# _____



Most noted previous damage

Estimate Cost of Repair \$ _____		Revised Estimate \$ _____	
Save Replaced Parts <input type="checkbox"/> Yes <input type="checkbox"/> No	Car Test Driven <input type="checkbox"/> Yes <input type="checkbox"/> No Miles _____	Rate Customer Charged <input type="checkbox"/> Per hr. \$ _____ hr.	
Daily Storage Charge \$ _____ Day _____	Payment <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AM.EX <input type="checkbox"/> Cash <input type="checkbox"/> Other _____		
Guaranteed on work Parts <input type="checkbox"/> Yes Time _____ <input type="checkbox"/> No Miles _____	Labor <input type="checkbox"/> Yes Time _____ <input type="checkbox"/> No Miles _____		
Additional Repairs Authorization other person who may Authorize repairs _____ Phone _____ Date _____ Time _____ Amount _____ Received By _____ From: <input type="checkbox"/> Customer <input type="checkbox"/> Authorized Person			
I Waive Pre-assemble or My Vehicle Signed _____ Date _____			
★ I have received a copy of The Estimate and Disclosure Signed _____ Date _____			

1st Class E.A.C. Authorization to repair and Direction to pay

I hereby authorize 1st class E.A.C. to perform the repair work above with the necessary material. If any additional damage is discovered, the party responsible for the payment will be notified of the additional charges. If there is a lien holder on the insurers check, the lien holder must endorse the check prior to the release of my vehicle. I hereby grant you and / or your employees permission to operate my vehicle described in a responsible manner on the street, highway or elsewhere for the purpose of testing and/or inspection. An express mechanic's fee is hereby acknowledged on above vehicle to secure the amount of repairs charged. I understand that storage charges will apply 72 hours after completion notification. I authorize any/all supplements as payable directly to 1st Class E.A.C.

I do hereby appoint 1st Class E.A.C. to act as Power of Attorney in fact to accept, on behalf, any and all checks, drafts, or bills of exchange, and to endorse all such checks, drafts, bills of exchange for deposit to 1st Class E.A.C. account for credit on my account for repairs to my vehicle.

PLEASE READ CAREFULLY, CHECK ONE THE STATEMENTS BELOW AND SIGN.

I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, IF MY FINAL BILL WILL EXCEED \$100.

- I REQUEST A WRITTEN ESTIMATE.
- I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ _____
THE SHOP MAY NOT EXCEED THIS AMOUNT WITH OUT MY WRITTEN OR ORAL APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE.

★ SIGNED: _____ DATE: _____
NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

★ Customer Signature: _____ Claim#: _____ Date: _____