

Metro Auto Rebuild

Customer Information & Estimate Authorization Form

Date: _____	
Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
<input type="checkbox"/> Daytime Phone: (____) _____	<input type="checkbox"/> Evening Phone: (____) _____
<input type="checkbox"/> Cell Phone: (____) _____	<input type="checkbox"/> E-mail Address: _____
<i>(Please check your preferred means of contact above)</i>	

Year: _____	Make of vehicle: _____
Color: _____	Model: _____
Are you leasing this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is insurance paying for the repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an insurance company estimate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If insurance <i>is</i> paying, has a check been issued to you for the repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Claim #: _____	Insurance Company: _____

Whom may we thank for referring you? _____
Do you have any additional repairs or concerns? _____

I, _____, authorize Metro Auto Rebuild to disassemble my vehicle, if needed, so that any hidden damages may be seen. This allows as complete an estimate as possible to be written. All repairs are subject to customer and/or insurance approval. I also grant permission to Cargo Collision Group LLC and its employees to operate the above stated vehicle for the purpose of testing and inspection.

X _____

Date _____