

Name:		Other Names on Vehicle (ALL NAMES MUST SIGN):		
Address:		City:	State:	Zip:
Telephone:		Email Address:		
Year:	Make:	Model: Color:		Color:
Best person to communicate with and how?		What is your main concern with the repair process?		
Payment arrangements: Se	elf-pay	Insurance		ird party
Insurance Company:	Adjuster's	Adjuster's Name: Cl		aim #
Third Party:	Contact Information:			
How did you hear about us?	How many	How many passengers were in the vehicle?		Seat belts?
(INITIAL) I hereby appoint Louis behalf to be applied towards the cos repair, and take full responsibility for to: labor, parts, paint and materials,(INITIAL) I understand that Louis vehicle in case of fire, theft, or retransportation costs including, but not the course of the company's aduring the course of repairs.	ets of repairs. In addition rethe costs incurred throu sublet operations, and o sville Collision Center is n natural disaster. In add not limited to, taxi, rental	n, I understand that aghout my repair prother miscellaneous not responsible for a ition, Louisville Cocars, or loss of use air work in conjunc	all funds must be accoocess. These charges ned fees associated with control loss or damage to ned lision. Center is not incurred during the cootion with the repair estition.	nay include, but are not limited of the polision repairs. The polision repairs in the polision repairs in the polision repairs in the polision repairs. The provided to me by their in the provided to me by their in the provided to me by their in the provided to me by the polision repairs.
		Owner of Vehicle		Date
		Owner of Vehicle		Date

Please Note: **No personal checks in excess of \$1000.00 can be accepted.** In the event your vehicle is not repaired, charges will include administrative, restocking, storage, and labor fees relative to work performed up to the time vehicle is deemed a total loss.