

VEHICLE INFORMATION
YEAR: _____
MAKE: _____
MODEL: _____
P.O. #: _____
Date in: ____/____/____

ALBANY AUTO BODY
DIV. OF ALBANY INC.
4030 NORTH ROCKWELL
CHICAGO, IL 60618
773-267-2626
WWW.ALBANYAUTOCHICAGO.COM



Albany Auto Inc.

CUSTOMER NAME: _____
CUSTOMER PHONE: _____
CUSTOMER EMAIL: _____

I hereby authorize Albany Auto Body to repair the above vehicle as described in the Estimate and/or Visual Quotation provided. I agree that Albany Auto Body is not responsible for loss or damage to this vehicle and/or loss of articles caused by fire, theft, natural causes, or any other cause beyond Albany Auto Body's control. I also hereby grant permission to the company's employees to operate the above vehicle for the purpose of the agreed upon repairs. I understand that old parts removed from the above vehicle will be recycled or junked unless otherwise instructed.

Due to the complexity of some repairs, we cannot guarantee a specific delivery time. We will, to the best of our ability, provide an estimated delivery time for your convenience.

If the above vehicle is removed from Albany Auto Body by you, the customer, before the authorized repairs are performed or finished, we reserve the right to charge a fee for all diagnostic work, vehicle handling, storage, towing, labor, refinishing and/or parts ordered.

I authorize Albany Auto Body to transport my car to a sublet vendor of Albany Auto Body, to expedite my service. I am responsible for making sure that all city stickers and plates renewal are up to date, and allow Albany Auto or any sublet vendor to park my vehicle on the street should they need to. Services will be charged directly to Albany Auto Body and your payment will still be rendered to Albany Auto Body.

I understand that if the above vehicle is not retrieved twenty four (24) hours after completion, unless special arrangements have been made at Albany Auto Body's discretion, a charge of ninety-five dollars (\$95) per day will be added to my repair charges as a storage fee.

TERMS: The total amount of repair charges must be paid, in full, before the above vehicle will be released from Albany Auto Body. If the payment is supplemented by an insurance check, I understand that the insurance check/draft must be obtained by myself or sent in advance by the insurance company prior to release of the above vehicle.

Authorized Signature: _____ Date: ____/____/____