

R.A.K.L. ENTERPRISE, INC.
D/B/A **RAY'S AUTO REPAIR**
105 East Ann Street P O Box 988
M i l f o r d , P A 1 8 3 3 7
(570) 296-8615 FAX (570) 296-4835
Karin (570) 296-2156 (Phone & Fax)

AUTHORIZATION FOR REPAIR

DATE:

NAME:

ADDRESS:

VEHICLE:

VIN:

I hereby authorize Ray's Auto Repair to complete the repairs to my vehicle as stated in the repair estimate, _____, totaling _____. I understand that a deposit of _____ is required along with this signed authorization to repair the vehicle before parts will be ordered. I also understand that the attached is only an estimate, and the final bill could fluctuate. If there are any additional repairs needed that exceed _____ that were unforeseen at the time of the estimate, I will be notified immediately before proceeding any further with the repair. Should a decision be made to terminate the repair, I will owe only the towing bill of _____, labor for actual time invested plus any part restocking fees if applicable provided all of the parts can be returned.

X _____

INSURED/VEHICLE OWNER SIGNATURE

DATE