



Cranston Collision Center  
30 Walnut Grove Avenue  
Cranston, RI 02920  
401.223.1111 • Fax 401.943.6840 • Tax ID #05-0426133

Insurance Co: \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_  
Claim #: \_\_\_\_\_

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### REPAIR AUTHORIZATION

Customer Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle Information:

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_

I hereby hire and authorize Cranston Collision Center to perform the repairs to the above vehicle as described. I also hereby grant permission to Cranston Collision Center employees to operate the above vehicle for purposes of testing and/or inspection. Due to the complexity of the repairs and quality of work required, we are unable to always guarantee a specific delivery time. I agree that Cranston Collision Center is not responsible for any delays caused by the unavailability of parts, shipping delays, or production scheduling. An express mechanic's lien is hereby acknowledged on the above vehicle by Cranston Collision Center, Inc. to secure the amount of repairs hereto.

Terms: The total amount of the repair charges must be paid before the above vehicle can be released for delivery including deductible or miscellaneous works authorized and performed. I understand that the actual repair and replacement choices made to my vehicle by Cranston Collision Center and reflected on their final bill may deviate from those prescribed on the insurance company's estimates. I understand that Cranston Collision Center is working directly and particularly for me and not for the liable insurance company.

**CRANSTON COLLISION IS NOT RESPONSIBLE FOR VALUABLES LEFT IN THE VEHICLE** INITIALS \_\_\_\_\_

Vehicle Owner Signature/Assignor: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_