

Limbaugh Toyota Collision Center Estimate

Customer Information

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Will this be claimed under insurance? _____

If yes, fill out information below

Insurance Company _____

Agent _____

Phone: _____

Has the insurance company given you an estimate? _____

If yes, what is the deductible amount? _____

For Internal use only

VIN: _____

Mileage: _____

Paint Code: _____

Limbaugh Toyota

Collision Center
2200 Ave T
Birmingham, AL 35218
(205) 780-0500
Fax (205) 780-4923

Work Authorization

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Insurance Company: _____ Claim #: _____

Deductible: \$ _____ Year: _____ Make: _____ Model: _____

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you/your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing/inspection. An express mechanics lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto. Limbaugh Toyota Collision Center is not responsible for the availability of parts, any delay of parts shipments beyond their control, nor the loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any cause beyond their control.

I do hereby appoint the aforementioned business to accept on my behalf any and all checks, drafts, or bills of exchange, and endorse all such checks, drafts, or bills of exchange to deposit to the aforementioned business account for credit on my account for repairs on my vehicle which has been released and accepted.

Direction to Pay

I authorize _____ Insurance Company to pay Limbaugh Toyota directly on claim number _____ in the amount of \$ _____. In the event the insurance or the adjustment company inadvertently mails the settlement/supplement check to me in error, I hereby agree to notify said shop immediately, and I agree to deliver such check to the repair facility within 24 hours of my receipt of such check.

Customer Printed Name: _____

Customer Signature: _____ Date: _____

Limbaugh Toyota

Collision Center
2200 Ave T
Birmingham, AL 35218
(205) 780-0500
Fax (205) 780-4923

I AUTHORIZE _____ to make any and all supplement payments directly to LIMBAUGH TOYOTA, INC.

SUPPLEMENT AMOUNT \$ _____

I AUTHORIZE LIMBAUGH TOYOTA, INC to act as POWER OF ATTORNEY to sign any and all SUPPLEMENT PAYMENTS.

AUTHORIZED BY: _____ DATE: _____