



RO #

1812 Arnold Industrial Place · Concord, CA 94520 · (925) 609-5960 · Fax: (925) 609-5974
B.A.R. #: ARD00230617 · EPA #: CAL000429332

Customer Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____

Email: _____

Have you received other estimates? YES / NO

Do you have a deductible? YES / NO If YES, how much? _____

Referral Source

Past Customer () New Customer () **If NEW please check mark one of the referrals below*

() Drive by () Referred by Ins. Co. () Family/Friend () Internet: _____
Which site?

Insurance Information

Insurance Co: _____ Adjuster Name: _____

Insurance Phone #: _____ Claim #: _____

Vehicle Information

Year: _____ Make: _____ Model: _____

Plate#: _____ Color: _____

Authorizations

AUTHORIZATION TO DISASSEMBLE. I authorize Falcon Collision to disassemble my vehicle for the purpose of diagnosing repairs and preparing a full estimate of the cost of repair. I understand that if I choose not to complete the repairs, I may be charged for disassembly, reassembly and/or partially completed work, based on Falcon's normal hourly labor rate.

WAIVER OF RIGHT TO RETURN OF REPLACED AUTO PARTS. Customer waives any right to the return of auto parts replaced by Falcon and Customer agrees that all parts replaced under this limited warranty shall become the property of Falcon. If you do not wish to waive your rights to return of replaced parts, please inform the center manager before you sign this document so that we may make appropriate arrangement.

POWER OF ATTORNEY. For insurance claims, I hereby constitute and appoint Falcon Collision and its authorized employees to be my true and lawful attorney-in-fact with authority to sign my name on any check or draft covering repairs to my automobile and to take such action as may be necessary to negotiate any such check or draft.

DIRECTION TO PAY. If an insurance carrier is paying for all or part of my repair order, I authorize payment directly to Falcon Collision Repair, Inc. If a deductible is required, I will be responsible for payment. Furthermore, I authorize all supplement repair order amounts to be paid directly to Falcon Collision.

PAYMENT POLICY. We accept original insurance checks, cashier's checks, cash, debit cards, Visa, MasterCard, Discover, and American Express. **Unfortunately, we do not accept personal checks.** Your vehicle will not be released until payment is made in full, or we have received verification from an insurance company that payment is being sent directly to Falcon Collision Repair.

Signature: _____ Date: _____

Printed Name: _____ Claim#: _____

Vehicle Make/Model: _____

Internal Use:

VIN#: _____

Notes: _____

