

RAY'S COLLISION
2069 WILDWOOD DR
ST. AUGUSTINE, FLORIDA 32086
904-819-1511
FAX 904-819-1513

ESTIMATE OF REPAIR \$ _____ DEDUCTIBLE \$ _____

The estimate of repairs includes parts, labor and diagnosis, and any applicable taxes. If, on further inspection, additional parts or repairs are needed, you will be contacted for authorization. We are not responsible for loss or damage to your vehicle from fire, theft, accidents, or any other cause that is beyond our control. All tests will be made by our employees at your own risk.

PRINT NAME _____

AUTHORIZATION SIGNATURE _____

DATE _____

PLEASE CHECK PREFERRED METHOD OF CONTACT

___ CELL PHONE _____

___ HOME PHONE _____

___ BUSINESS PHONE _____

___ EMAIL _____

Ray's Collision accepts cash, checks, Visa, Master Card, Discover, and American Express

Ray's Collision will Warrant all workmanship including body repair for so long as the owner still has the vehicle. All parts are warranted by the manufacture. This warranty is not transferrable.

RAY'S COLLISION SERVICES
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DIRECTION FOR PAYMENT

I do hereby appoint Ray's Collision Services as my attorney in fact on my behalf for any and all checks, drafts or bills of exchange for deposit to the aforementioned business account for credits on my account for repairs on my vehicle which has been released and accepted.

DATE: _____

ACCEPTED BY SIGNATURE: _____

CLAIM NUMBER: _____

INSURANCE COMPANY: _____