

Frank & Bill's Auto Collision Center
3306 Mountain Rd.
Pasadena, MD 21122
410-255-3368- tel.
410-439-3967- fax

AUTHORIZATION FOR INSPECTION

NAME: _____ CLAIM # _____

YEAR: _____ MAKE: _____ MODEL: _____

I, the undersigned, understand that the damage to _____
is in doubt and cannot be determined without disassembling for further inspection. I,
therefore, do authorize _____ to disassemble my
_____ for inspection. It is hereby understood and agreed
that should the cause of the damages to the _____ be due
to normal wear and tear, I agree to pay for the cost of the diagnostic and repairs.
However, if it is determined that the damages have been caused by the loss on
_____, I understand that the insurance company _____
will pay for the cost of repairs subject to depreciation and/or betterment.

I have read the above and do hereby agree to these conditions.

NAME

DATE