## CUSTOMER CHECK IN SHEET PLEASE TAKE EVERYTHING OF VALUE OUT OF YOUR VEHICLE AND THEN PLEASE INITIAL HERE \_\_\_\_\_THANK YOU.

Name:	
Address:	
Home #	
Work#	
Cell#	Would you like text updates? Yes or No
E-Mail	
How did you hear about our f	acility?
Method of Payment: Ins. Company:	Cash / Insurance
Claim #	
Ciuiii II	
Or ○ No	
Dear Valued Customer,	
Auto Body will be repairing. The including anything that holds see	hing you think is of value is kindly removed out of the vehicle, that Bi-County his includes: I-Pods, Cell Phone, Sun Glasses, GPS, Clothing, and Shoes, ntimental value. We run an operation where outside venders do come in for or sure your valuables are not lost or misplaced. Please sign below stating you diall valuables from the vehicle.
** Please take a moment to tell us we ensure your satisfaction and that you	hat your main concerns are regarding the repairs to your vehicle so that we can better u have read the above and agree by signing below .
Customer Signature	
Customer Signature	

## REPAIR AUTHORIZATION FORM and DIRECTION OF PAY BI-COUNTY AUTOBODY II

Vehicle Owner's Name:					
Vehicle Description:					
Year	Make	Model	Vin#		
Encompass Claim Number:			Date of Loss:		
Deductible Amount: \$	Date Verified: _		By: _	Encompass Representative	
				Encompass Representative	
			Telephone: Fax:		
regulation 64 of the insurance de an authorization to repair.			ny as to my mote		
I authorize BI-COUNTY AUTOI economic total loss.	3ODY II of Sr	mithtown to estim	ate and repair my	y vehicle, unless it is an	
X					
Vehicle Owner's Signature			Date		
I have received a copy of the initi	al and final au	tomated repair es	timate		
I authorize Encompass to pay BI-	COUNTY AU	JTO BODY II	\$	On my behalf.	
Any person who knowingly and vapplication for insurance containing information concerning any fact rabets, solicits or conspires with a motor vehicle to a law enforceme commits a fraudulent insurance at thousand dollars and the value of	ing any material thereto nother to make the agency, the ct, which is a c	ally false information. And any person a false report of department of merime. And shall learn	tion, or conceals n who knowingly theft, destruction of the vehicles or a be subject to a civ	for the purpose of misleading, makes or knowingly assists, , damage or conversion of any n insurance company, vil penalty not to exceed five	
X					
Vehicle Owner's Signatur	e			Date	
I certify that the vehicle has been	repaired to its	preloss condition	relative to safety	, function, and appearance.	
Repairer's Signature			Date		

This form must be retained in repairers records. 160-3253 BI-COUNTY 05-98 Printed in U.S.A.