

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 facility ?	

Method of Payment: Cash / Insurance
Ins. Company: _____
Claim #

Does your vehicle have remote start? <small>(Please choose from the choices below)</small>
<input type="radio"/> Yes: Factory
<input type="radio"/> Yes: Aftermarket
Or
<input type="radio"/> No

Dear Valued Customer,

We ask that you make sure anything you think is of value is kindly removed out of the vehicle, that Bi-County Auto Body will be repairing. This includes: I-Pods, Cell Phone, Sun Glasses, GPS, Clothing, and Shoes, including anything that holds sentimental value. We run an operation where outside vendors do come in for our sublet repairs and we want to insure your valuables are not lost or misplaced. Please sign below stating you have read this and have removed all valuables from the vehicle.

**** Please take a moment to tell us what your main concerns are regarding the repairs to your vehicle so that we can better ensure your satisfaction and that you have read the above and agree by signing below .**

Customer Signature



AUTHORIZATION AND DIRECTION TO PAY – NEW YORK ONLY

(You have the right to select any repair facility to repair your vehicle)

Vehicle owner's name: _____

Vehicle description: _____
Year Make Model VIN

Claim Number: _____ Date of loss: _____

I authorize(d) BI-County AutoBody to estimate and repair my vehicle, unless it is an economic total loss.
(Repairer)

 Vehicle Owner's Signature Date

Date the vehicle is available for inspection: _____
Date

I have received a copy of the initial and final automated repair estimate.

I authorize State Farm® to pay BI-County AutoBody
(Repairer)

\$ _____ on my behalf.

 Vehicle Owner's Signature Date

I certify that repairs have been completed as indicated on the final automated repair estimate.

 Repairer's Signature Date

Form must be retained in repairer's records for at least 6 months, or longer if required by state law.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

State Farm's Insurance policies, applications, and required notices are written in English. With the exception of any applicable policy language, this document has been translated into another language for the convenience of our customers. In the event of any difference in interpretation, the English language version will control.