

MARLOW AUTO BODY
4515 SAINT BARNABAS RD
TEMPLE HILLS, MD 20748
PH: 301-423-4444
FAX: 301-423-4564

RO# _____ **MGR:** _____ **DATE:** _____

CUSTOMER INFORMATION

NAME: _____

STREET: _____

CITY _____ **STATE** _____ **ZIP** _____

HOME# _____ **WORK#** _____ **EXT:** _____

OTHER#'S _____

INSURANCE INFORMATION **RENTAL: YES** _____ **/NO** _____

COMPANY: _____ **CLAIM#** _____

VEHICLE INFORMATION

YEAR: _____ **MAKE:** _____ **MODEL** _____ **BODY** _____

LICENSE: _____ **VIN#** _____

MILEAGE: _____ **TOW IN:** _____ **DRIVE IN:** _____

TERMS-STRICTLY CASH(UNLESS ARRANGEMENTS MADE)

I HEREBY AUTHORIZE THE REPAIRS WORK HEREIN SET FORTH BE DONE BY YOU, TOGETHER WITH THE FURNISHINGS BY YOU OF THE NECESSARY PARTS&OTHER MATERIAL, FOR SUCH A REPAIR AND AGREE, THAT YOU ARE NOT RESPONSIBLE FOR ANY DELAYS CAUSED BY UNAVAILABILITY OR DELAYED AVAILABILITY OF PARTS OR MATERIAL FOR ANY REASON. THAT YOU NEITHER ASSUME NOR AUTHORIZE ANY LOSS OR DAMAGE TO THE ABOVE VEHICLE, OR ARTICLES LEFT THEREIN, IN CASE FIRE, THEFT OR OTHER CAUSE BEYOND YOUR CONTROL, THAT AN EXPRESS MECHANICS LIEN HEREBY ACKNOWLEDGED ON THE ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO THAT YOUR EMPLOYEES MAY OPERATE THE VEHICLE ON THE STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF INSPECTING/TESTING SUCH VEHICLE.

STORAGE RATE IS \$ 35 PER DAY, EFFECTIVE 48HOURS AFTER COMPLETION OF WORK.

POWER OF ATTORNEY

I DO HEREBY APPOINT THE AFOREMENTIONED BUSINESS AS MY ATTORNEY IN FACT ACCEPT ON MY BEHALF ANY & ALL CHECKS, DRAFTS OR BILLS OF EXCHANGE FOR DEPOSIT TO THE AFOREMENTIONED BUSINESS ACCOUNT FOR REPAIRS ON MY VEHICLE.

DED. _____ **SIGNATURE** _____ **DATE** _____