



PARTS ORDER AUTHORIZATION

Date: _____ Insurance Company: _____ Claim #: _____

Name: _____ RO #: _____

Year: _____ Make: _____ Model: _____ License: _____

- I hereby authorize North Iowa Collision Center to order parts for the vehicle that I have received a written estimate for.
- Owner-pay jobs require 50% down of any parts listed on the estimate. Parts will not be ordered until the deposit is paid.
- Authorization to repair and the scheduling of an appointment for this vehicle also authorizes parts to be ordered to be able to perform the repairs to the vehicle.
- Parts will be ordered according to the estimate written.
- Once parts are ordered, I understand that I am responsible for the payment of any parts ordered.
- If, for any reason, the repairs are cancelled and parts can be returned, I understand that I will be charged a 20% restocking fee + any freight charges.
- Not all vendors allow us to return parts, under any circumstances. So if parts are ordered and we are not able to return them, you will be responsible for the payment of the parts in full and are responsible to pick the parts up within 10 days.
- Part prices & freight charges are subject to invoice from the vendor, NOT necessarily what we have estimated.
- A North Iowa Collision Center Representative will contact me or my insurance if additional parts are needed for this repair.

By my signature I acknowledge that I have read and agree to the terms & conditions stated herein:

Customer Signature: _____ Date: _____

North Iowa Collision Center Representative: _____ Date: _____

North Iowa Collision Center Inc
11201- 265th Street • Clear Lake, IA 50428
Phone: (641) 421-8555 • Fax: (641) 421-8722