



BODY BEAUTIFUL
COLLISION REPAIR

Express Check-In Form

This will be your temporary repair order, please fill it out completely and make sure we have good contact information so we may reach you as quickly as possible. If you are leaving your vehicle after-hours:

- List the work you wish to have performed today
- Park your vehicle in our lot and lock the doors
- Place your keys and this form in an envelope provided and drop the envelope and completed form through the slot

SIGN BELOW WHERE INDICATED

Name _____

Address _____

City/State/Zip _____

Email Address _____

Home () _____ - _____ Cell () _____ - _____ Work() _____ - _____

Best number to reach you at:(circle one) HOME CELL WORK

Vehicle License Number _____ Color _____

Year _____ Make _____ Model _____

If possible please complete my vehicle by: Date _____ Time _____

Original Estimate amount authorized \$ _____

Please specify work to be performed:

1. _____

2. _____

3. _____

4. _____

Would you like to keep the old parts that are replaced? No Yes (circle one)

I, the registered owner, authorize you to perform the above noted repairs and furnish necessary materials. I understand any cost quoted heretofore is an estimate only. Body Beautiful Collision Repair employees may operate my vehicle for inspection, testing and/or delivery at my risk. BBCR will not be responsible for loss or damage to the vehicle or its content.

SIGNATURE: _____ **(Required)**