



Service Provider:

Name: _____

Address: _____

Telephone: _____

R/O #: _____

Pre-Authorization and Inspection Form

Customer:

Name: _____

Telephone: _____

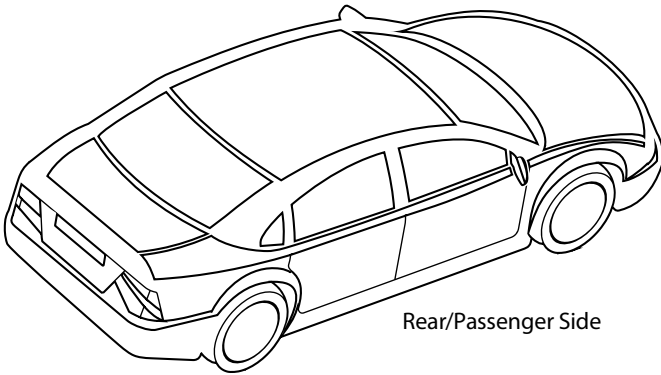
Email: _____

Vehicle:

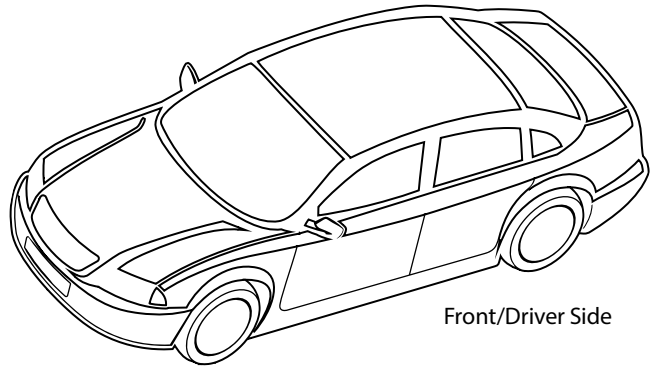
Year: _____ Make: _____

Model: _____

VIN: _____



Rear/Passenger Side



Front/Driver Side

Comments: _____

Service to be provided: _____

Products used (if applicable):

Adhesive Manufacturer _____

Product used _____

Products have been used in accordance with adhesive manufacturers recommended procedures and all products have been verified for date compliance.

Authorization:
I understand the details of this document and authorize the service as described herein to my vehicle.
Customer Name: _____
Customer Signature: _____ Date: _____

Confirmation:
I verify all work performed meets or exceeds applicable standards.
Tech Name: _____
Cert. #: _____
Signature: _____
Date: _____