

# CUSTOMER PAY INFORMATION SHEET

If you are claiming responsibility for repairs on your vehicle without using insurance, please keep in mind, **that our estimate is based on the damage(s) that we saw when the estimate was written.**

We *always* try to be as thorough as possible.

However, once we begin to work on the vehicle, it is possible we might find additional damage and if we do, we will contact you to go over the details of the additional needs and will give you a new estimate of additional charges.

This is a normal occurrence in our industry. When dealing with insurance, we work with them directly to supplement any additional work, however when you pay out of pocket we will need to contact you to review the extra monetary details.

**By signing below, you agree to be held responsible for all original and supplement incurred costs.**

**Please note: this vehicle will not be released until payment is made in full.**

**THANK YOU!**

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Signature of Person Responsible for payment

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Year, Make & Model of Vehicle Being Repaired

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Vehicle Owner Name (if different from above)

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Signature of Vehicle Owner's name

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Date

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Phone Number

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Address

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City, State, Zip Code

***Bondurant***  
**— AUTO BODY —**