





211 Hartman Street /// Brookhaven, MS 39601 601-833-1861 /// portersbodyshop@cableone.net www.portersbodyshopms.com

CUSTOMER INFORMATION

Name:	Cell Phone: ()
Address:	Other Phone: ()
City:	State: Zip code:
Vehicle Year: Make/M	odel:
How did you hear about us?	
INSURANCE AND PAYMENT IN	ORMATION
ALL CHARGES MUST BE PAID IN FUL	BEFORE THE VEHICLE IS RELEASED
THE DEDUCTIBLE IS THE <u>CUSTOMERS</u>	
ACCEPTABLE FORMS OF PAYMENT: P (Please note the credit card company has	operly Endorsed Insurance Checks, Cash, Mastercard, Visa, and Discover
(Flease note the creat cara company has	mplemented a 4% jee on an chargesj
() Insurance Company:	
Claim #	Deductible:
() Self Pay	
· <u> </u>	
directly to this repair facility.	ent and all supplements to be paid directly to Porter's Body Shop Inc. and mailed
	thorize Porter's Body Shop Inc. to complete the repairs listed on the vehicle stated
	vill be due upon release of the vehicle, including any supplement charges. I hereby
	sion to operate my vehicle, on streets, highways, or elsewhere for the purpose of
	delivery or pick up. An Express Mechanics Lien is hereby acknowledged on above
	nereto. <u>I Will Not Hold Porter's Body Shop Inc. Responsible For Loss Or Damage To</u> of fire, theft, accident, or any other cause beyond their control.
	of repairs made to the vehicle I hereby grant my Power of Attorney to sign or
	payable to me, and hereby release thereto, as settlement for my claim or damage to
-	ACHED PERSONAL AND VALUABLE ARTICLES FROM SAID VEHICLE.
⇔ AUTHORIZATION:	DATE:
WE COMMUNICATE VIA PODIUM	
	communicate quickly and easily with our customers. To do so we will need to send a
	sustomers can also leave reviews through <i>Podium</i> . If you are satisfied with our service,

feel free to leave us a review. You can also find us on Yelp!, Google, Facebook, or directly on our website. Thank you!