THE DENT CENTER





Representative:

Estimate Date:

CUSTOMER INFORMATION	DAMAGE TYPE De	nt Center	Other	
Name:	Hood:			
Address:	Front Cowl Panel:			
City, State, Zip:	Roof:			
Ernall Address:	Rear Cowl Panel:			
Wark Phone	Deck Lid / Tail Gate:			
Home Phone	Left Fender:			
Cell Phone.	Left Front Door:			
Rental Car needed?	Left Rear Door:			
Rental Car coverage on Insurance policy?	Left Roof Rail / Sail Panel:			
VEHICLE INFORMATION	Left Quarter Panel:			
VEHICLE INFORMATION	Right Fender:			
Color Year:	Right Front Door:			
Make:	Right Rear Door:			
Model:	Right Roof Rail / Sail Panel:			
License Plate #:	Right Quarter Panel:			
VIN:	Remove / Install Headliner:			
	_ Remove / Install Sunroof:			
	TOTAL:	\$	\$	
INSURANCE INFORMATION				
Insurance Company:		REMARKS		
Deductible Amount:				
Claim #:				
Policy #:				
Adjusters Name:				
Adjusters Phone #: Ext.				
Adjusters Fax #:	-			
I thereby authorize the complete repair of my vehicle once approved by my insurance, I agree that them Cemer is not responsible for loss or demage to this vehicle end/or articles left in the vehicle, due to fine, thefe or any other causes seyund its control i also hereby grant permission to this company's employees to operate the vehicle for the purpose of testing and/or inspection. Further I adinownedge that if closer enalities reveals additional repairs are recessary, either I or my insurance company will be contacted for authorization of any additional repair charges if new parts listed in the insurance estimate are not available or are respairable. I authorize bent center to repair	PRI	OR DAMAG		

I tearetty, authiorise the complete repair of my vehicle, erice applicived by my insurance. I agree that Deeri Certear is sell responsible for loss of derivage to this vehicle product articles left in the vehicle, sture to their whether are other consists teared to this vehicle product articles left in the vehicle, sture to their which produces the product to control i also hereety great permission to this company's employees to operate the vehicle for the purpose of testing and/or inspection. Further I actimostedge that if closer enablytic reveals additional repairs are recessary, either I or my insurance company will be contacted for authiorizations of any additional repairs are tracessary, either I or my insurance company will be contacted for authiorizations of any ordinary of the repair shift be thrown away unless other inserticed. Center to repair such parts when possible Old parts will be thrown away unless other inserticed in authorize. Denti Center to manufacture access to derns that may not be accessible due to their location on the vehicle. The total amount of the repair charges must be paid before the attached vehicle can be released for delivery. If insurance coverings pays either a portion of or the total amount due, I actinovatedge that I must make arrangements with any lien holder or other payees to endorse the insurance check/draft must be obtained by me or sent in advance by the insurance company. Jabo acknowledge that I must make arrangements with any lien holder or other payees to endorse the insurance check/draft prior to the release of the above repaired vehicle. I authorize any and all supplements payable directly to Dent Center for the consideration of repairs made to the vehicle. Thereby authorize Dent Center to be the release of the above repaired vehicle. I authorize any check and/or drafts made payable to me and any release thereto, as estitement for my claim for damage to this vehicle. Dent Center is not responsible for prior damage listed on vehicle diagram to the right or damage f

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Aut	m	ori	za	LIC	n:

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Renter (Print)	Phone EMAIL:	Year/Make	Vehicle #	
Home Address	City State Zip	Model Tag	License Plate #	
Driver's License #	State Exp. Date Date of Birth	VIN#		
Insurance Company	Policy No. Agent Phone	Odometer	Fuel Out E 1/4 1/2 3/4 F	
Employer	Title How Long?	Out	Fuel In E 1/4 1/2 3/4 F	
Employer's Address	Phone Supervisor	In	Date/Time Due In AM PM	
Emergency Contact	Address Phone	Miles Driven	Date/Time Due Ext. AM PM	
ABSOLUTELY NO DRIVER	RS UNDER 21 YEARS OF AGE	Miles Allowed	Date/Time Due Out AM PM	
Additional Driver	Dr. Lic. # State Exp. Date Date of Birth		Date/Time In AM PM	
Insurance Company	Policy Number Agent Phone	Prepaid Rent	Deposit	
Additional Driver	Dr. Lic. # State Exp. Date Date of Birth	Rates	Charges	
Insurance Company	Policy Number Agent Phone	Miles @ ¢ per mile	,	
NOTICE: Your rental agreement offers, for an	Collision Damage Waiver (CDW)	Hours @ \$	я	
additional charge, an optional waiver to cover all or a part of your responsibility for damage	By initialing here you agree to purchase our CDW. CDW	Days @ \$		
to or loss of the vehicle. Before deciding	does not cover all instances of damage to the Vehicle. There are exclusions. Subject to the terms of Paragraph 5 & 6 on the	Weeks @ \$		
whether to purchase the waiver, you may wish	reverse, your responsibility for Collision Damage to the Vehicle is limited to \$	Total time and mileage		
to determine whether your own automobile insurance or credit card agreement provides	By initialing here you decline to purchase our CDW, and	CDW @ \$ per day		
coverage for rental vehicle damage or loss	you agree to be responsible for all damage to or loss or theft of the Vehicle.	@ \$ per day		
and determine the amount of the deductible under your own insurance coverage. The	Exclusions may apply to the following optional insurance	Vehicle License Recovery Fee		
purchase of the waiver is not mandatory. The	products. Read the brochure(s) carefully.	Subtotal		
By initialing here ,you agrisummary of the terms of whice	Personal Accident Insurance (PAI)/Personal Effects Coverage (PEC)	Total Tax Amount		
	By initialing here ,you agree to purchase PAI and PEC, a summary of the terms of which appears in a separate brochure	Vehicle License Recovery Fee		
	that you acknowledge receiving.			
	By initialing here, you decline to purchase PAI and PEC. Supplemental Liability Insurance (SLI)	Subtotal		
	By initialing here, you agree to purchase SLI and you	CDW @ \$ per day		
	acknowledge receiving a separate brochure that summarizes the terms of the SLI policy. SLI does not cover all risks.	SLI @ \$ per day		
	There may be exclusions for unauthorized or intoxicated drivers, no first party uninsured motorist coverage, no	PAI/PEC @ \$ per day		
	coverage for certain passengers in the Vehicle, and other exclusions. Please read the SLI brochure carefully.	@ \$ per day		
	By initialing here, you decline to purchase SLI. You agree	Subtotal		
	to be responsible for, and you agree that your personal auto insurance coverage is primary for any damage or injury you	Total Amount Due		
	cause to others and their property.	Customer Pay Direct B	Bill 1 Direct Bill 2	
	By signing below, you agree to: the terms and conditions of this Rental Agreement, the Rental Agreement Terms & Conditions on	Minus Deposit		
Check Method of Payment	the back side, vehicle inspection report and any signed addenda (the "Agreement"), and acknowledge that you had an opportunity to	Net Due Rental Location		
AEMCVISA CashDirect BillOther	read the Agreement before signing; and authorize us to: process a separate payment card voucher in your name for all Charges, in-	Net Due Customer		
The Vehicle may be driven or used only in the State	cluding Tolls and Violations; release your billing/rental information to third parties for billing/processing and other legitimate purpose; and	ALL CHARGES SUBJECT TO FINAL AUDIT		
of Texas or mile radius of the renting	adjust Charges with your payment card issuer after our final audit.	Refund received by:		
location, or	X Renter	X		
In event of accident contact 911, please contact our office immediately.	X Additional Driver	Remarks;		
CONTact our office infinediately.				