

# VEHICLE RELEASE AGREEMENT FORM

***My Body Shop, Inc.***

***123 Maple St.***

***Anytown, USA***

***(555) 765-4321***

***Fax (555) 765-1234***

This VEHICLE RELEASE AGREEMENT FORM is necessary to insure payment of the agreed estimate and any applicable supplements that your company has previously approved before the release of the below listed customers vehicle. Michigan law is not sufficient to guarantee payment for these services from an insurance company and therefore makes it necessary for us to use this form. Please read the below information, sign the form and fax back to our office so we can release the customers vehicle at the below listed scheduled date and time. Thank you in advance for your assistance and the opportunity to satisfy our mutual customer.

Customer Name: \_\_\_\_\_ Customer Phone # \_\_\_\_\_

Vehicle ID# \_\_\_\_\_ Date of Loss \_\_\_\_\_ Claim# \_\_\_\_\_

Our Repair Order# \_\_\_\_\_ Shop Contact \_\_\_\_\_

Scheduled Delivery Date \_\_\_\_\_ Scheduled Delivery Time \_\_\_\_\_

I, \_\_\_\_\_ from \_\_\_\_\_  
Insurance Company Representative Insurance Company

agree to pay ***My Body Shop, Inc.*** (listed above on this form) \$ \_\_\_\_\_ within 5 working  
Previously Approved Amount

days for the repair of the above customers vehicle as listed on this form. I also hereby agree that an interest rate of 12% annually or 1% monthly will be assessed for any payments made beyond the agreed 5 working day period.

**Please sign this form and fax back to our office at (555) 765-1234 so we can release our customers vehicle on time. Thanks again for your assistance.**

***My Body Shop, Inc.***