

Work Authorization Form

Complete before work begins. Keep a signed copy with the work order.

Date _____ Work order _____ PO _____

Customer and billing information

Customer or company _____

Billing address _____

Authorized contact _____ Title _____

Phone _____ Email _____

Equipment and service location

Make _____ Model _____ Year _____

Serial number or VIN _____ Hours or mileage _____

Unit number _____ Service location _____

Requested work and reported problems

Approval and estimated charges

Select one approval option

☐ Diagnosis only, up to \$_____. Obtain approval before repairs.

☐ Perform the work described above, up to \$_____ total.

☐ Provide an estimate and obtain approval before beginning work.

Labor rate \$_____ / hour Service or travel charge \$_____ Deposit \$_____

Estimated total \$_____ Estimated completion _____

Estimates are approximate. AMM will obtain approval before exceeding the selected limit or performing additional work.

Diagnostic, travel, and service charges apply only as agreed above.

Payment and customer authorization

Payment is due upon completion unless AMM approves different terms in writing below. Any deposit will be credited to the final invoice. Customer agrees to pay for the work and charges authorized on this form.

Other agreed payment terms _____

I am the owner or am authorized by the owner to approve this work and the related charges. I authorize AMM to perform the selected work and operate the equipment as reasonably needed for diagnosis and testing.

Customer signature _____ Date _____

Printed name _____ Title _____

AMM representative _____ Date _____