

# **Authorization of work to be done**

## **Customer Information**

***With this form, we will also require a photocopy of all owners of the vehicles photo ID's and proof of ownership (photo of title or insurance card)***

**Business Name:**

**Street:**

**City:                      State:                      Zip Code:**

**Phone Number:**

## **Vehicle information**

**Make:                      Model:                      Year:                      Color:**

**Miles:                      License Plate Number:**

I, (Manager) Authorize S.T. Mobile LLC to perform an immobilizer reset procedure on vehicle \_\_\_\_\_(VIN)

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_