

# **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)***

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## **Vehicle information**

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Miles:** \_\_\_\_\_ **License Plate Number:** \_\_\_\_\_

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

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