

**A. C. T. WORK ORDER**

**PO BOX 549**  
**OLNEY, IL 62450-05**

**PH#- 1.888.228.9108**  
**FAX- 1.618.392.3202**

ACT SHOP # \_\_\_\_\_ SHOP PHN # (\_\_\_\_\_) \_\_\_\_\_

ACT CLAIM # \_\_\_\_\_ Pre-Authorized Dispatch # \_\_\_\_\_  
(if applicable)

TECH NAME \_\_\_\_\_ MOBILE \_\_\_\_\_ IN SHOP \_\_\_\_\_  
(Check one)

INSURED NAME \_\_\_\_\_

INSURED ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PH# (\_\_\_\_\_) \_\_\_\_\_ HOME PH# (\_\_\_\_\_) \_\_\_\_\_

VEHICLE YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

BODY STYLE \_\_\_\_\_ # OF REPAIRS \_\_\_\_\_ DAMAGE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

VIN# \_\_\_\_\_

INSURANCE CO \_\_\_\_\_

AGENT \_\_\_\_\_ PH# (\_\_\_\_\_) \_\_\_\_\_

POLICY # \_\_\_\_\_ REPAIR DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize \_\_\_\_\_ to attempt repair on the chip/crack in my vehicle's windshield. I agree to not hold the repair facility liable should the windshield crack out while attempting this repair, and that there will be no charge for the service if that happens. I acknowledge I am responsible for payment of services not covered by my insurance company. Should the repair fail at a later date and the windshield needs replaced, I understand that I am responsible for my deductible at that time. I authorize my insurance company and its appointed agents to make payments directly to ACT- Autoglass Claims Team P.O. Box 760, Olney, IL 62450-0760.

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Customer Signature)

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I understand that the purpose of the repair service being performed is to prevent further cracking of the windshield, and that upon completion of the repair, the damage may still be visible. I understand the damage is a weak spot and may spread during the repair process. If so, \_\_\_\_\_ will attempt to repair the crack at no extra cost. \_\_\_\_\_ is not responsible for the replacement cost of a new windshield. All work is warranted for \_\_ years.

I authorize my insurance company and its appointed agents to make payments directly to ACT- Autoglass Claims Team P.O. Box 760, Olney, IL 62450-0760.

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Customer Signature)