

Authorization for repairs and direction to pay.

Name:	RO#			
Address:				_
Vehicle:				-
Vin:				_
Insurance Company:				-
Insurance Claim Num	ber:			-
Insurance Prepaid Am	nount: \$	Deductible Amou	unt: \$	_
Are You In A Rental? YES or NO (Please Check One)				
Preferred Method Of	Contact: Call	Text Email	(Please Check One)	
Cell:		Home:		_
E-Mail:		Referred By:		
How frequently would you like for us to follow up?				
Bi-Weekly	Weekly	As Needed		
I hereby authorize repairs to be done to the above-mentioned vehicle, along with quoted parts and necessary materials. I further agree that if any obligation for said repairs, parts or other materials that are not paid when due, or suit is brought for payment, I shall be responsible for all reasonable cost of collection including repossession fees, attorney fees, court cost and interest provided by law. You and your employees may operate the above-mentioned vehicle for the purpose of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged to secure the amount of repairs thereto. You will not be held responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, accident or any other cause beyond your control. I hereby authorize direct payment to 228 Collision for the original/and or supplement amount of repairs due.				
				eceive all such sums of money
that are due or shall be du	e, related to the motor ve and negotiable instrument	hicle herein described. T ts related to work done b	his shall include full power of a by you on the above-mentione	· · · · · · · · · · · · · · · · · · ·
Signed:		Date:		