



We appreciate the opportunity to serve you.

We want to earn a "10" by providing both a quality repair and a superior repair experience.

We want to keep you informed of the progress of the repairs and to address any questions or concerns and communicate with you in the most effective way possible.

Name: _____ **Vehicle Owner:** _____

Address: _____ **City State Zip:** _____

Preferred method of contact: Telephone / E-mail / Text

Telephone: Cell: _____ Home: _____ Work: _____

E-mail: _____ **If Text: Provider:** _____

Please note that we will not share your contact information with other parties

Is this vehicle a lease: YES / NO

How frequently would you like us to follow up with you? Every few days/ Once a week/ As needed

Will you be using insurance? YES / NO **If yes, which company?** _____

Have you completed a digital estimate with your insurance company? YES / NO

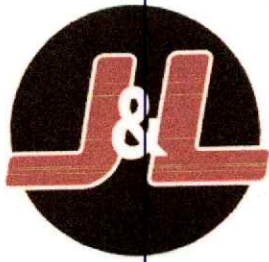
Claim number if applicable: _____ **Date of loss:** _____

For office use only

Vin: _____ **Mileage:** _____ **Make/Model:** _____ **Prod Date:** ____/____

Color: _____ **Color Code:** _____ **Trim Code:** _____ **License:** _____

Unrelated prior damage:



AUTO BODY

600 Main Street, Keene, NH 03431
Hours: Monday through Friday 7:30AM to 5:30PM
603-357-7004
info@jlautobody.com

AUTHORIZATION RO
TAX I.D. 46-4926758

Name:	Phone:
Address:	Claim #:
City, State, Zip:	Plate:
E-mail:	VIN:
	Year, Make, Model:

I authorize the Collins Business Group, LLC. d.b.a. J&L Auto Body of Keene, New Hampshire, to repair the above vehicle and to receive insurance payments on my behalf for the repair of my vehicle upon completion of work (including any supplement amounts). If not paid by the insurance company within thirty (30) days, I am responsible for the payment within five (5) days, which I shall be responsible for the interest at the rate of 1% per month, compounded monthly, plus attorney's fees and all costs of collection. This rate of interest will continue even if suit is brought to collect any balance owed hereunder. If no insurance is available, then payment in full by me by bank check or money order shall be due and payable at the time my vehicle is picked up. Until such time of full payment, I acknowledge a materialman's lien to The Collins Business Group, LLC., d.b.a. J&L Auto Body, on my vehicle.

I understand that in the event the repairs to my vehicle extend beyond the time frame allowed by my insurance company for rental reimbursement, The Collins Business Group, LLC., d.b.a. J&L Auto Body, will not be responsible for the additional rental expense.

I understand that all repairs must be paid for in full before the vehicle can be released unless other arrangements have been made prior to the start of the repairs.

It is understood that The Collins Business Group, LLC., d.b.a. J&L Auto Body, will not be held responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond their control.

I understand that there is absolutely no guarantee on rust repairs.

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS that I (or we), the undersigned, do hereby constitute and appoint The Collins Business Group, LLC., d.b.a. J&L Auto Body, as my (or our) true and lawful agent and attorney-in-fact to endorse in the name, place, and stead of the undersigned any check or draft issued to cover all or part of repairs to my (or our) automobile which are authorized by me (or us) in whatever manner is necessary to negotiate such a check or draft for the purpose of paying for such repairs.

I (or we) hereby ratify and confirm whatever action said agent and attorney-in-fact may take in such regard by virtue hereof.

Customer Signature: _____

Date: _____