Repair Authorization

RO#:_____
Date:_____

First Name: _____ Last Name: _____

Phone: _____ Email:_____ How did you hear about us?_____

Address: _____ City:_____ Zip: _____

Vehicle: _____ Vin#: | | | | | | | | | | | | | | | | | |
(Year / Make / Model)

License Plate: _____ Color:_____ Odometer: (Miles): | | | | | | |

Insurance Company: _____ Claim Number: _____

Authorization for "TEAR-DOWN":

I hereby authorize On Mesquite Auto body , INC to "Tear-Down" (disassemble) the necessary components from my vehicle in order to identify all damaged parts related to the collision and prepare an estimate for repair. Should I choose not to authorize the repair required, I understand that I will be liable for the "Tear-Down" labor cost of $_____. I further understand that in case of severe collision damage, it may be impossible to reassemble/attach all the vehicles damaged components. Vehicle will be reassembled within 3-days of customer written notification.

Authorized/Accepted By: _____ Date: _____

Authorization for "REPAIR":

I hereby authorize On Mesquite Auto Body, Inc. to complete the necessary repair to my vehicle and provide me with an oral/written evaluation. I understand that payment in full payment is due upon release of the vehicle, including any supplement charges, I hereby grant you and/or your employees permission to operate my vehicle on streets, highways, or elsewhere for the purpose of testing, inspection or sublet repairs, and delivery or pick up. On completion of repairs and failure to pay, AN EXPRESS MECHANIC'S LIEN will be applied to the above vehicle to secure the payment-amount for repairs. I WILL NOT HOLD ON MESQUITE AUTO BODY, INC. RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE AND/OR ARTICLES LEFT IN CASE of fire, theft, accident or any other cause beyond your control.

Authorized/Accepted By: _____ Date: _____

Authorization for "PAYMENTS"

(Including But Not Restricted to "Insurance" & "Supplement" Payments for Repairs)

POWER OF ATTORNEY: For consideration of repairs made to this vehicle, I hereby grant my POWER OF ATTORNEY to On Mesquite Auto Body, Inc. to sign or endorse any checks and/or drafts made payable to me for the repairs to my vehicle, and release there to, as settlement for my claim or damage to my vehicle. This includes all Insurance Payments and Supplement payments following delivery of the vehicle.

Authorized/Accepted By: _____ Date: _____

Direction of "PAYMENT":

I authorize _____ Insurance Company to pay On Mesquite Auto Body, Inc. directly the complete costs of my claim-related repair job, including supplements. In the event the Insurance Company or its representative inadvertently mails the settlement /supplement check to me in error, I hereby agree to notify On Mesquite Auto Body, Inc. immediately, and I agree to deliver such check to the repair facility within 24 hours of my receipt. I further agree to assume responsibility for the final total should payment to be made to On Mesquite Auto Body, Inc. within 30 days.

Authorized/Accepted By: _____ Date: _____