

AUTHORIZATION TO REPAIR AND DIRECTION TO PAY

CHARLOTTE AUTO BODY AND REPAIR

9222 MONROE RD.
CHARLOTTE NC 28270
MATTHEW@CHARLOTTEAUTOBODYANDREPAIR.COM
(P) 704-443-7794

DATE: _____

NAME: _____

CELL#: _____

YEAR: _____ MAKE: _____ MODEL: _____

INSURANCE: _____ CLAIM# _____

I hereby authorize the repair of the above vehicle. I agree that Charlotte Auto Body and Repair is not responsible for the loss of articles left in the vehicle. I also grant permission to Charlotte Auto Body and Repair employees to operate the above state vehicle for the purpose of testing and inspection. I understand and agree that to secure payment for the repairs thereto, an expressed mechanic's lien on the above vehicle is acknowledged and further agree to pay reasonable attorney fees and court costs if legal action becomes necessary to enforce this contract. I appoint Charlotte Auto Body and Repair as my power of attorney in fact, to accept on my behalf all checks, draft, or bill exchange, and endorse all such checks, draft or bill exchange for deposit to Charlotte Auto Body and Repair account, as credit on my account for the repairs on my vehicle. I understand there will be admin fees, storage and any other associate fees if I decide to move the car. If repairs are not paid for in full within 10 days, storage fees will be charged.

PRINT: _____

SIGN: _____

DATE: _____