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|  | New Trimble Auto Body 214 Trimble Avenue Clifton NJ 07011  Phone: (973) 546-6521 Fax: (973)546-6544  Email: [newtrimble@gmail.com](mailto:newtrimble@gmail.com)  Tax ID:461 134 857 |

## Customer Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | |  |
|  | Street Address | | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |
| --- | --- | --- |
| Phone: |  | Email |

## Vehicle Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** |  | **Make:** |  | **Model** |  |  | **VIN:** |  |

## Insurance

|  |  |
| --- | --- |
| Claim: |  |
|  |  |

## Authorization to Repair / Customer Notices/ Direction to Pay

New Trimble Auto Body is authorized to perform the above listed and attached Estimate/RO# repairs and any SUPPLEMENTAL repairs necessary to return my vehicle to PRE- Collision condition. I understand that New Trimble Auto Body will notify ME and INSURANCE CARRIER involved of the cost and need for any supplemental repairs prior to performing the same. New Trimble Auto Body, having notified all parties as to the need for these repairs, will consider authorized in force unless specifically instructed not to proceed with our sole concern being the timely completion repairs. I hereby grant to you and/or your employees, permission to operate the car, truck or vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection, transporting to and from your sublet vendors, to test drive, and for delivery. New Trimble Auto Body will use its choice of professional and qualified suppliers and vendors when sublet repairs are requires and cannot be performed by our company due to the nature of collision repairs. New Trimble Auto Body will not be responsible for reimbursement of any additional car rental fees over and above the days allowed by the insurance company for repairs because od additional damaged found, additional parts needed, and. Or back- ordered parts from the dealer.

**\*\*\*\*\* All work performed by New Trimble Auto Body will be in accordance with Original Equipment Manufacturer (OEM) specifications and procedure.** This includes but is not limited to any repairs, calibrations full vehicle scans and programming. In the process of performing a diagnostic scan, New Trimble Auto Body will collect historical vehicle data, including in some cases, the date, time, and mileage of when a trouble code was created. New Trimble Auto body will not be held responsible for any vehicle data that needs to be reset or deleted to perform necessary repairs. I hereby give New Trimble Auto body permission to use this data to properly repair my vehicle **INITIAL HERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Right to Receive Replaced Parts- Notice/ Waiver:** A customer of this shop has the right to receive replace parts from vehicle. Customer is hereby notified that there will be a $20.00 fee per day for storing the replaced parts commencing on the date the vehicle is delivered or the date the repairs are pad for, whichever comes first, of parts are not picked up by the customer at that time.

**\*\*\*\*\*By initialing here, I am waiving my right to receive the replaced parts. INITIAL HERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notice or Right to Inspect Repairs before Making Payment:** Customer of this shop or his/her insurance company have the right to inspect the repaired vehicle before paying for the repairs.

**Storage Notice**: Customers of this facility are hereby notified that we charge a storage rate of $199.99 per day outside and $ 249.99 per day inside on vehicles left at our facility that we do not repair.

**\*\*\*\*\*PLEASE REMOVE ALL PERSONAL BELONGING ITEMS – ex: sunglasses, CD’S, camera, books, EZ Pass, garage door openers, Etc. WE WILL NOT BE RESPONSIBLE FOR THESE ITEMS**.

**PAYMENT**: I understand the sole responsibility for payment is mine and that all charges are due upon delivery. I further understand and agree that if my **INSURANCE CARRIER** is billed and fails to pay for the agreed repairs,I will pay all outstanding sums immediately**. PAYMENT** is to be made by **INSURANCE COMPANY DRAFT, CASHIERS CHECK, MONEY ORDER, CREDIT/DEBIT OR CASH.** It is understood that an express garage keeper’s lien exists against the vehicle herein described and its contents. I further understand and agree that all charges for labor, parts, storage and towing must be paid prior to the release of my vehicle. Execution of such lien shall in no way waive our rights to a civil cause of action and shall include reasonable attorney’s fees which may be necessarily incurred.

**\*\*\*\*\*\* NOTE: ESTIMATED DATE OF DELIVERY**: Estimated date of delivery may change due to parts delay or backordered parts, additional damages/ labor, weather conditions, insurance related delays, or unforeseen and uncontrollable factors.

**INITIAL HERE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECTION TO PAY NEW TRIMBLE AUTO BODY**

I do hereby appoint the aforementioned business to accept on my behalf any and checks drafts or bills of exchange and to endorse all such checks, drafts or bills of exchange for deposit to the aforementioned business account for credit on my account for repairs on my vehicle which has been released and accepted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |