REPAIR AUTHORIZATION AND DIRECT PAYMENT FORM

Premier Auto Body Inc, 296 Summer St, Fitchburg MA 01420

Tax ID# 93-4229792

RS0100287

ACKNOWLEDGE AND AGREE TO:

I hereby authorize Premier Auto Body Inc, to perform the repairs set forth in the attached estimate form and or supplement form if applicable. I acknowledge that if for any reason the insurance company fails to pay the agreed amount negotiated between Premier Auto Body and a licensed appraiser, I will be solely responsible for all amounts owed to repair my vehicle.

I hereby grant Premier Auto Body (including its agents and employees) permission to operate the vehicle referenced herein on streets, highways or anywhere else for the purpose of testing, inspecting, storage, or care of the vehicle. Premier Auto Body shall not be responsible for any loss or damaged to vehicle or personal property caused beyond Premier Auto Bodys control.

I hereby acknowledge and agree that if I fail to pay for any such repair work or storage charges (as disclosed above), Premier Auto Body shall have a "garage keeper's lien" on my vehicle pursuant to Chapter 255, Section 25 of the Massachusetts General Law, entitling Premier Auto Body to continue to hold my vehicle until full payment is made and/or sell my call pursuant to a court action after appropriate notice and cure periods. I acknowledge and agree that if Premier Auto Body incurs any legal or court costs, including, without limitation, attorney's fees, in connection with any failure to pay in full upon demand, collection of any amounts due, failure to pick up my vehicle when notified, sale of the vehicle pursuant to court action to collect upon any lien, or my breach of any provision contained herein, I shall be responsible for paying for all of Premiers Auto Body's Legal or court costs, including without limitation, attorney's fees.

Pursuant to 211 CMR 123.05(4)(b), to the extent that there is a dispute regarding the accuracy of the appraisal or the amount of payment based thereon, I authorize any and all payments to be paid directly to Premier Auto Body Inc, and grant Premier Auto Body the power of attorney to act as my attorney-in-fact to execute checks to pay for damages to the vehicle referenced herein.

STORAGE POLICY:

I hereby acknowledge and agree that if I do not pay for the authorized repairs in full within 72 hours (about 3 days) of notice (which may be oral via telephone) from Premier Auto Body that my vehicle has been repaired and is ready for pickup, Premier Auto Body will charge me $50 per each business day the shop is open (M-Sa) after such notification for storage and care of my vehicle until I pay in full and pickup my car.

Initials: _____

Insurance Company:	Claim Number:	Date of Loss:
Year:	Make:	Model:
VIN:		License Plate:
ODO:	Point of Impact:	

Customer Information

Name:	Phone Number:
Email:	
Address:	

Signature: _____ Date: ____ / ____ / ____