Name: _____ Vehicle: _____

Address: _____ VIN#: _____

_____ Insurance Co.: _____

Phone Number(s): _____ E Mail: _____

AUTHORIZATION TO REPAIR/DIRECTION TO PAY

AUTHORIZATION TO REPAIR

I hereby authorize Quality Collision Repair/Quality Collision Repair East to make the specified repair work to be done along with the necessary material, and hereby grant you, sublet vendors, and/or your employee's permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

It is understood that Quality Collision Repair/Quality Collision Repair East assumes no responsibility for loss or damage by theft or fire to vehicles placed with them for storage, sale, repair, or while road testing. It is furthermore understood that while every necessary measure to secure and safeguard my vehicle will be taken, Quality Collision Repair/Quality Collision Repair East cannot be liable for any personal belongings left in my vehicle. **Please remove all personal articles from your vehicle.**

Quality Collision Repair/Quality Collision Repair East will make every effort to repair my vehicle within the ***estimated*** length of repair; however, I understand that unexpected delays may occur resulting from parts delays, more extensive damage than anticipated, insurance companies, and other factors beyond their control. Quality Collision Repair/Quality Collision Repair East will not be held responsible for these type of delays. Please note that Quality Collision Repair/Quality Collision Repair East closes at 1:00pm on Fridays.

Quality Collision Repair/Quality Collision Repair East will not be responsible for any rental car charges!

I understand that no vehicle will be released until payment is made in full. Deductible, and/or Insurance check, cash, credit card, or cashier's check must be received before vehicle will be released. Personal checks will not be accepted. Please be certain all payees (including all lien holders) have endorsed the Insurance check(s) before delivery of vehicle. I am responsible for reimbursing Quality Collision Repair/Quality Collision Repair East any additional supplement funds that are sent to me.

In the event that Quality Collision Repair/Quality Collision Repair East does not repair your vehicle, there will be a charge for any labor performed in regards to disassembling and estimating the damage, restocking fees for all pre-ordered parts and/or materials, storage for the time the vehicle was in our possession, and any other fees reasonably insured by Quality Collision Repair/Quality Collision Repair East related to your vehicle.

I AUTHORIZE ANY/ALL SUPPLEMENTS PAYABLE DIRECTLY TO QUALITY COLLISION REPAIR/QUALITY COLLISION REPAIR EAST.

DIRECTION OF PAYMENT

I do hereby appoint Quality Collision Repair/Quality Collision Repair East to act as my Power Of Attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange, and to endorse all such check, drafts,

bills of exchange for deposit to Quality Collision Repair/Quality Collision Repair East account for credit on my account for repairs to my vehicle

I have read, understand, and agree to these terms.

Authorized By: _____ **Date:** _____

Quality Collision Repair/Quality Collision Repair East appreciates the opportunity to work for you and will make every effort to provide a timely and high-quality repair.