**PARTIES**

**Client:
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City/State/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auto Body Shop:
Business Name:** Brothers Auto Body & Paint
**Address:** 566 W Bilinis Rd
**City/State/ZIP:** South Salt Lake, Utah, 84115 **Phone:** 385-529-3345 **Email:** juancarlosgodoy09@gmail.comCollectively referred to herein as the "Parties."

**SERVICES TO BE PROVIDED**
The Auto Body Shop ("Shop") agrees to perform vehicle repair services, including but not limited to:
[ ] Dent Removal
[ ] Collision Repair
[ ] Frame Alignment
[ ] Painting and Refinishing
[ ] Parts Replacement
[ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Information:
Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_
VIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
License Plate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESTIMATES AND AUTHORIZATION**
The Client acknowledges receipt of an initial written estimate in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is
non-binding until the Shop performs a full inspection and/or teardown of the vehicle. If additional repairs are
required, the Shop shall provide a supplemental estimate for Client approval. The Shop shall not proceed
with additional work exceeding **15%** of the original estimate without Client's express written or verbal consent.
The Client hereby authorizes the Shop to perform all repairs as outlined in the estimates and to order and
install necessary parts.
**PAYMENT TERMS**
- Deposit: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Due prior to commencement of work)
- Final Payment: Due in full upon completion of work and prior to release of the vehicle.
- Accepted Payment Methods: [ ] Cash [ ] Credit Card [ ] Check [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
- Late Fee: **$25 per day** beginning **2 days** after final invoice due date.
- Client shall be responsible for all costs of collection, including reasonable attorney's fees, if payment is not
made in full.
**TIMEFRAME FOR COMPLETION**
Estimated start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Estimated completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
The Shop shall make reasonable efforts to meet the estimated completion date, but shall not be held liable
for delays caused by part availability, insurance processing, labor shortages, or other causes beyond its
control.
**WARRANTIES**
The Shop warrants its labor and workmanship for a period of 12 **months** from the date of service
completion. Warranties do not cover:
- Damage due to misuse, neglect, subsequent accidents, or unauthorized repairs
- Normal wear and tear
- Parts covered under third-party manufacturer warranties
The Client must notify the Shop in writing of any defect covered by this warranty within **7** business days of
discovery.
**INSURANCE CLAIMS**
If the services are subject to an insurance claim:
- Client authorizes the Shop to communicate and negotiate directly with the insurance company.
- The Client remains financially responsible for:
 - Any deductibles
 - Items not covered by the insurance policy
 - Any amounts not paid by the insurer
The Shop is not responsible for delays or disputes arising from insurance company decisions.
**VEHICLE STORAGE AND LIEN RIGHTS**
Upon completion of work, the Shop will notify the Client. If the Client fails to retrieve the vehicle within **2**
**days**, a storage fee of **$45 per day** shall apply.
Pursuant to applicable state mechanic's lien laws, the Shop retains the right to retain possession of the
vehicle until all charges have been paid in full. The Shop may file a lien and/or pursue legal remedies in the
event of non-payment.
**AUTHORIZATION TO OPERATE VEHICLE**
Client authorizes the Shop to operate the vehicle for the purpose of testing, diagnosis, repair, quality
assurance, or delivery.
**LIMITATION OF LIABILITY**
The Shop shall not be held liable for loss or damage to the vehicle due to fire, theft, natural disasters,
vandalism, or other causes beyond its reasonable control, except in cases of proven gross negligence or
willful misconduct.
**TERMINATION**
Either party may terminate this Agreement in writing prior to completion of services. The Client shall be
responsible for payment of all authorized work performed and parts ordered up to the date of termination.
**GOVERNING LAW & DISPUTE RESOLUTION**
This Agreement shall be governed by and construed in accordance with the laws of the **State of Utah**.
Any dispute arising out of or relating to this Agreement shall be resolved through binding arbitration in
accordance with the rules of the American Arbitration Association, unless otherwise agreed to in writing.
**ENTIRE AGREEMENT**
This Agreement constitutes the entire understanding between the Parties and supersedes all prior
negotiations or agreements, whether written or oral. No modification shall be valid unless in writing and
signed by both Parties.
**SEVERABILITY**
If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall
remain in full force and effect.
**SIGNATURES**
IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date first written above.

**CLIENT
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTO BODY SHOP REPRESENTATIVE
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**