ONE & DONE COLLISION REPAIR

1000 S. 9th Street, Slaton, TX 79364 | 806-503-9633

REPAIR AUTHORIZATION & DIRECTION TO PAY

Customer Name: _____ **Phone:** _____

Address: _____

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____

VIN: _____ **Mileage:** _____

Insurance Company: _____ **Claim #:** _____

REPAIR AUTHORIZATION

I authorize **One & Done Collision Repair** to perform repairs to the vehicle listed above according to the approved estimate and any authorized supplemental repairs. I authorize necessary disassembly to identify hidden damage and authorize the shop to communicate with my insurance company regarding estimates, supplements, parts, and repairs.

I understand additional damage may be discovered during repairs and completion dates may change due to parts availability, insurance approval, or additional repairs. I authorize One & Done Collision Repair and its authorized vendors to move, operate, test, and transport my vehicle as reasonably necessary to complete repairs.

DIRECTION TO PAY

I authorize and direct my insurance company to issue payment for repairs to **One & Done Collision Repair**, subject to the terms of my insurance policy and applicable law. I authorize One & Done Collision Repair to receive insurance payments related to the authorized repairs. I understand that I remain responsible for my deductible and any repair charges not paid by my insurance company. Payment is due upon completion unless other arrangements have been made.

CUSTOMER AUTHORIZATION

By signing below, I acknowledge and authorize the repairs and Direction to Pay stated above.

Customer Name (Print): _____

Customer Signature: _____ **Date:** _____

Shop Representative: _____ **Date:** _____

NOTES

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