

### Repair Authorization Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Preferred Contact: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Prior Damage: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Adjuster Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize Dealers Choice Automotive Paint Services , its employees, and its designated third-party providers to complete the repair work on my vehicle, as outlined in estimate number \_\_\_\_\_. I also authorize the purchase of parts and materials necessary for said repairs. I give Dealers Choice Automotive Paint Services Employees and contracted third-party providers permission to operate the vehicle described herein on streets, highways, or elsewhere for the purpose of testing and inspection.

I understand that Dealers Choice Automotive Paint Services is not responsible for loss or damage to my vehicle and/or articles left in the vehicle in case of fire, theft, or any cause beyond our control. Please remove your personal belongings from the vehicle, including your child safety seats, medications, firearms, and anything that may be damaged in exposure to extreme heat. Additionally, once your vehicle is prepared for paint, we will not be able to give you access to it, so please remove anything you think you will need during your repair. Notify us if your vehicle uses alternate fuel.

Vehicles towed or driven in, then deemed a total loss, or moved to another facility for any reason by the customer or Insurance Company may be subject to administrative, lot, debris cleanup charges, and/or estimate fees. Any labor, towing, or lift inspection fees must be paid before a vehicle leaves Dealers Choice Automotive Paint Services . I agree that if I cancel the work authorization before work is completed, I am responsible for paying for all work completed before notice of cancellation, as well as any parts that have been purchased already.

I understand that my bill must be paid in full before my vehicle will be released to me. Dealers Choice Automotive Paint Services accepts cash, credit cards, and insurance check payment. Any alternate payment arrangements must be made in advance, in writing, with Oscar Ortiz , Owner of Dealers Choice Automotive Paint Services. Prior written notice must be given if return of used or damaged parts is desired by the customer.

I grant Limited Power of Attorney to Dealers Automotive Choice Paint Services, authorizing them to endorse any checks received on behalf of the vehicle owner(s).

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign and return this document to our office, via email to [dcapsllc@gmail.com](mailto:dcapsllc@gmail.com) or Printed , Work cannot begin until we receive this signed form.

1129 E. Curry Rd.  
Tempe, Az 85288  
(602)299-5339

I understand that every effort will be made to complete my vehicle within the timeframe discussed. However, I also understand that Dealers Choice Automotive Paint Services cannot be held responsible for delays that occur as the result of parts availability, insurance company requirements, additional damage discovered in the teardown process, weather delays, and other unforeseen and uncontrollable problems.

I understand that it is possible that once vehicle teardown begins, additional damage may be discovered. In this case, a supplemental claim will be submitted on my behalf to my Insurance Company and this amount will be included in my final total. If this is not an insurance repair, I understand that I will be contacted for authorization in the event that additional work needed changes the estimate price by more than 10%.

I understand that I will incur storage charges at a rate of \$250 per day, if I do not pick up my vehicle within 2 business days of receiving notification that my repairs are complete. I understand that these storage fees are not usually covered by insurance companies and that they will be my responsibility.

**Direction of Payment** (Choose one by initialing accompanying line):

\_\_\_\_ I authorize \_\_\_\_\_ Insurance Company to pay Dealers Choice Automotive Paint Services directly the complete costs of my claim-related repair job, including supplements. Dealers Choice Paint Services will communicate with the Insurance Company directly. In the event the Insurance Company or its representative inadvertently mails the settlement /supplement check to me in error, I hereby agree to notify Dealers Choice Paint Services immediately, and I agree to deliver such check to the repair facility within 24 hours of my receipt of such check. I further agree to assume responsibility for the final total should payment not be made to Dealers Choice Paint Services within 30 days.

\_\_\_\_ I will communicate with my Insurance Company. Payment of my claim will be made directly to me. I understand that I am responsible for paying for all repairs and supplements and will pay Dealers Choice Automotive Paint Services directly.

\_\_\_\_ This repair is not part of an insurance claim.

I attest that the designation of Dealers Choice Automotive Paint Services as the provider of these repairs is my own choice. I affirm that I am aware that I was free to choose any provider to repair my vehicle.

I certify that I am the true and lawful owner of the vehicle identified above, or the authorized representative of the owner of the vehicle identified above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

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*Please sign and return this document to our office, via email to [Dcapsllc@gmail.com](mailto:Dcapsllc@gmail.com) or printed , Work cannot begin until we receive this signed form.*