CAMBRIDGE COLLISION AND AUTO CENTER
WHERE CUSTOMER SATISFACTION IS OUR GOAL
205 SOUTH RAILROAD ST
CAMBRIDGE, MN 55008
(763) 689-5040 FAX (763) 689-0577

POWER OF ATTORNEY/AUTHORIZATION TO REPAIR

THE ESTIMATE OF REPAIR INCLUDES PARTS, LABOR AND DIAGNOSIS. IF, ON FURTHER INSPECTION, ADDITIONAL PARTS OR REPAIRS ARE NEEDED, YOU OR YOUR INSURANCE COMPANY WILL BE CONTACTED FOR AUTHORIZATION. WE ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE TO YOUR VEHICLE FROM FIRE, THEFT, ACCIDENTS OR ANY CAUSE BEYOND OUR CONTROL. OUR EMPLOYEES AT YOUR RISK WILL MAKE ALL TESTS.

I AGREE TO PAY CAMBRIDGE COLLISION INC. THE AMOUNT NOT PAID BY THE ASSIGNED INSURANCE COMPANY. IN ADDITION, I AGREE TO PAY 1.70% INTEREST PER MONTH ON ANY MONEY OWED TO CAMBRIDGE COLLISION INC. AFTER TEN DAYS FROM VEHICLES COMPLETION.

3.5% SERVICE FEE ON ALL CREDIT AND DEBIT CHARGES

STORAGE WILL BE ADDED TO THE FINAL REPAIR ORDER BEGINNING 24 HOURS AFTER COMPLETION AT THE RATE OF $75.00 PER DAY.

I DO HEREBY APPOINT CAMBRIDGE COLLISION, INC. AS MY ATTORNEY IN FACT TO ACCEPT ON MY BEHALF ANY AND ALL CHECKS, DRAFTS, OR BILLS OF EXCHANGE, AND TO ENDORSE ALL SUCH CHECKS, DRAFTS, OR BILLS OF EXCHANGE FOR DEPOSIT TO CAMBRIDGE COLLISION'S ACCOUNT FOR CREDIT TO MY ACCOUNT FOR REPAIRS ON MY VEHICLE WHICH HAS BEEN RELEASED AND ACCEPTED.

AUTHORIZATION FOR REPAIR AND PAYMENT BY:

PRINT: _____

SIGNATURE: _____

DATE: _____

AFTERMARKET PARTS OK'D BY CUSTOMER? CIRCLE: **YES** **NO** INT: _____

WE INTEND TO KEEP YOU UPDATED WITH THE PROGRESS OF REPAIRS TO YOUR VEHICLE.

PLEASE INDICATE THE BEST TIME(S) TO REACH YOU: AM PM

PHONE NUMBER :

_____

EMAIL ADDRESS IF YOU PREFER

_____