

RO: 0054417

Authorization RO
1/06/26 2:33PM

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Acme Motors Inc, T/A Acme Auto Body 184 Woodbridge Avenue Highland Park, NJ 08904 Tele (732)572-4447 Fax (732)572-4499 State Lic. #00540A Tax ID #221905605		
NAME: ADDRESS: Home: Work: Est.: Received: Del. Date: Date Paid:	Date of Loss: _____ Year: Make: Model: Type: Style: Engine: Color: License: Mileage: VIN:	Phone: Fax: Adjuster: Claim #: Policy: Betterment: Deductible:

Acme Auto Body is authorized to perform the attached repairs listed on the estimate/RO# and any supplemental repairs necessary to return my vehicle as close to pre-accident condition as possible. I understand that Acme Auto Body will notify me and any insurance carrier involved of the cost and need for any supplemental repairs prior to performing the same. Acme Auto Body having notified all parties as to the need for these repairs will consider authorization in force unless specifically instructed not to proceed with our sole concern being the timely completion of repairs. I hereby grant to you and/or your employees, permission to operate the car, truck or vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection, transporting to and from your sublet vendors and to test drive or delivery. Acme Auto Body will use its choice of professional and qualified suppliers and vendors when sublet repairs are required and cannot be performed by our company due to the nature of the repairs.

Right to Receive Replaced Parts Notice/Waiver: A customer of this shop has the right to receive the replaced parts from the vehicle. Customer is hereby notified that either will be a \$20 fee per day for storing the replaced parts commencing on the date the vehicle is delivered or the date the repairs are paid for, which ever comes first if the parts are not picked up by the customer at that time. By initialing here I am waiving my right to receive the replaced parts. Initials: _____

Notice of Right to Inspect Repairs before Making Payment: Customers of this shop or his/her insurance company have the right to inspect the repaired vehicle before paying for the repairs.

Warranty Terms & Limit: These repairs are covered by a limited warranty. Labor for a period of a LIFETIME. Parts and materials subject to the terms as extended by each manufacturer or vendor. Warranty repairs to be performed at sellers place of business. Seller hereby limits implied warranty to the period stated.

Storage Notice: Customer of this facility are hereby notified that we charge storage at the rate of \$75 per day outside and \$125 per day inside on vehicles left at our facility that we do not repair and on vehicles left at our facility for more than 30 days after being notified the vehicle is ready to be picked up.

Estimate Date of Delivery Notice: Estimate date of delivery: _____ business days after parts arrive. Adjustor will let you know. Estimate date of delivery may change due to parts delay or backordered parts, weather conditions, insurance related delays or unforeseen and uncontrollable factors.

PLEASE REMOVE ALL YOUR PERSONAL BELONGINGS - iel: sunglasses, tapes, cameras, etc. WE WILL NOT BE RESPONSIBLE FOR THESE ITEMS.

PAYMENT: I understand the sole responsibility for payment is mine and that all charges are due upon delivery. I further understand and agree that if my insurance carrier is billed and fails to pay for the agreed repairs I will pay all outstanding sums immediately. Payment is to be made by insurance company draft or check, cash, cashiers check, or

money order. It is understood that an express garage keepers lien exists against the vehicle herein described and its contents. I further understand and agree that all charges for labor, parts, storage and towing must be paid prior to the release of my vehicle. Execution of such lien shall in no way waive our rights to a civil cause or action and shall include reasonable attorney's fees which may be necessarily incurred. NOTE: If there is a legal owner of your vehicle ie: Bank or Finance Company we may require additional information from you. By placing my signature below I hereby acknowledge and agree to the terms and conditions of this authorization.

POWER OF ATTORNEY: Acme Auto Body, Steven Reilly: I do hereby appoint the aforementioned business 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 the aforementioned business' account for credit on my account for repairs on my vehicle which has been released and accepted.

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Signature _____ Date _____