



Dent Masters of Arkansas

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Office: 501-764-6900

AUTHORIZATION TO REPAIR / DIRECTION TO PAY

I hereby authorize Dent Masters of Arkansas to repair my vehicle along with any other necessary functions to restore my vehicle to pre-loss condition. I also authorize employees or representatives of Dent Masters of Arkansas to operate my vehicle for testing, inspection, or delivery at my risk. I also understand Dent Masters of Arkansas is not responsible in any way for items or articles left in my vehicle upon drop-off.

Dent Masters of Arkansas is a paintless dent removal company. In some situations, the scope of damage on a vehicle exceeds standard paintless dent removal and estimating tools, and estimators must refer to *conventional repair estimating tools to complete an accurate damage assessment. In these situations, estimate repair plans may include panels written for *conventional repairs. When panels are written for *conventional repairs, I authorize Dent Masters of Arkansas to repair using paintless dent removal at their own discretion and for the benefit of the vehicle. _____ Initial _____ Date

I understand that payment is due upon delivery of the vehicle. If payment is made by check and said check is not honored by the maker's bank, additional charges may be due as per applicable statutes under Arkansas law. If this account is referred to an attorney for collection, I understand that I will be liable for reasonable attorney fees and all costs of collection. _____ Initial _____ Date

I authorize my insurance company to pay Dent Masters of Arkansas directly for any original and supplement amount(s) owed. If, for any reason, I receive a check from the insurance company made payable to me, I agree to pay Dent Masters of Arkansas immediately upon receipt of payment. I authorize Dent Masters of Arkansas to communicate with my insurance company, acting on my behalf, to resolve any issues or concerns that arise during the processing of my claim and subsequent payment settlement(s). If any amount owed to Dent Masters of Arkansas is not covered by insurance, I agree to pay such amount owed to Dent Masters of Arkansas within (30) days of receipt of an invoice from Dent Shop Inc. It is fully understood that me, my agents, successors, assigns, and heirs are personally responsible for any cost not covered by my insurance, including my deductible. _____ Initial _____ Date

Please note that battery condition and functionality are not the responsibility of Dent Masters of Arkansas during or after the completion of repairs. While the vehicle is in our care, we take standard precautions; however, we cannot be held liable for a dead or failing battery, as battery performance may be affected by age, prior condition, or extended periods of inactivity during repair _____ Initial _____ Date

From time to time, a car may need to be moved from one location to another. We do this to ensure the fastest turn-around time on every car. I understand that my vehicle may be driven to ensure that my vehicle is worked on in the most efficient manner possible. _____ Initial _____ Date

Customer Signature

Date

Print Name

*Conventional Repairs: Repairing the panel as it is, using body repair time and refinish, or replacement of the panel and refinish