

Dream Auto Clinic  
1150 S Meridian, Valley Center KS 67147  
316-755-2237  
DreamAuto316@gmail.com



**FOR INTERNAL USE ONLY**  
RO #: \_\_\_\_\_

### Authorization for Repair

VEHICLE OWNERS NAME: \_\_\_\_\_

INSURED'S NAME: \_\_\_\_\_

VEHICLE INFORMATION	INSURANCE INFORMATION:
YEAR: _____ MAKE: _____	INSURANCE CO: _____
MODEL: _____ COLOR: _____	CLAIM #: _____
VIN #: _____	CLAIM AMOUNT: _____

***“We do not guarantee rust repairs.”***

I hereby authorize this repair facility to make the necessary repairs in accordance with its written estimate or that written by the insurance company referenced above. I understand that it is my responsibility to remove personal belongings from the vehicle prior to repair and you are not responsible for loss or damage in case of fire, theft or any other cause. \_\_\_\_\_ **(initial)**

I (we) hereby grant 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. \_\_\_\_\_ **(initial)**

To secure payment for repairs authorized above, I (we) acknowledge that this repair facility has a lien on my vehicle and may retain possession of my vehicle until all such repair costs have been paid. I further agree to pay reasonable attorney's fees and court costs in the event that legal action is necessary to enforce this contract. \_\_\_\_\_ **(initial)**

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_

### Power of Attorney

I (we) hereby appoint Dream Auto Clinic LLC as my (our) Attorney-In-Fact with full authority to sign on my (our) behalf, all checks, drafts, etc., issued by an insurance company for repairs to the above described vehicle.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_