

AUTHORIZATION AND DIRECTION TO PAY

VEHICLE OWNER OR DESIGNEE: _____

EMAIL: _____

PHONE: (Cell) (_____) _____ (Other) (_____) _____

PREFERRED CONTACT METHOD: TEXT () EMAIL () PHONE () VIN: _____

VEHICLE YEAR AND MAKE: _____ VEHICLE MODEL: _____

INSURANCE COMPANY IF APPLICABLE: _____

CLAIM #: _____

I hereby authorize Craig's Automotive Collision Center to make the specified repairs to the vehicle identified above. I HAVE BEEN INFORMED THAT ADDITIONAL SUPPLEMENTAL COSTS CAN OCCUR UPON TEAR DOWN AND THROUGH THE REPAIR PROCESS.

I hereby grant Craig's Automotive Collision Center permission to drive and operate the vehicle for testing and inspection, not limited to sublet repairs off premises. Craig's Automotive Collision Center will be performing pre and post scans to identify the history of the vehicles systems.

This information assists us in evaluating components that have damage. It will provide error codes and dates. This information will be shared with you and the insurance carrier. _____ INITIAL

I hereby assign Craig's Automotive Collision Center, Inc. the right to collect and retain any and all amounts required to repair the above-mentioned vehicle, including but not limited to, amounts due for labor rate discrepancies, part price discrepancies, paint and other materials and repair procedures. This includes collection and deposit of checks made out directly to the above-mentioned repair company and check made jointly to the above repair company and the claimant or insured for this vehicle. I authorize Craig's Automotive Collision Center, Inc to enforce a Mechanic's Lien pursuant to Washington State Law should the above vehicle be abandoned for more than 10 days or under "Total Loss" by the insurance company and issuing policy for this claim. _____ INITIAL

Craig's will not be held responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, flooding, theft, accident, vandalism, natural disaster, or any cause beyond Craig's Automotive Collision Center, Inc. control. _____ INITIAL

POWER OF ATTORNEY:

I DO HEREBY APPOINT CRAIG'S AUTOMOTIVE COLLISION TO ACT AS POWER OF ATTORNEY IN FACT TO ACCEPT ON MY BEHALF ANY AND ALL CHECKS, DRAFTS OR BILLS OF EXCHANGE, AND TO ENDORSE ALL SUCH CHECKS, DRAFTS, BILLS OF EXCHANGE FOR DEPOSIT TO CRAIG'S AUTOMOTIVE COLLISION CENTER'S ACCOUNT FOR CREDIT TO MY ACCOUNT FOR REPAIRS TO MY VEHICLE. I authorize any and all supplement charges to be made payable to Craig's Automotive Collision Center, INC.

PLEASE INITIAL:

Vehicles left more than 3 days after notification of completion may be subject to a daily storage fee.

All deductibles are payable at time of release. No personal checks accepted. _____

Multiple party checks must be signed off before vehicle can be released. _____

I understand that the estimate on repair, charges, and completion date is not guaranteed and are subject to change. _____

I understand that if I cancel repairs, I may be subject to labor and restocking charge. _____

I understand that the contract to repair my vehicle is between the Insurance Company and myself and may not cover all cost to repair the vehicle resulting in "out of pocket" expenses. _____

Signed: _____ DATED: _____