



REPAIR AUTHORIZATION

Name _____
Address _____
City, State, Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____
Year/Make/Model _____
Insurance Company _____
Claim No. _____

• WORK AUTHORIZATION

I hereby authorize this repair shop to make necessary repairs in accordance with its written estimate or that written by the insurance company referenced above. The estimate of repairs includes parts, labor and diagnosis. Parts prices quoted are current, but are subject to change upon notice by the manufacturer. If upon further inspection additional parts and/or repairs are needed, I will be contacted for authorization.

I hereby authorize employees of the repair shop to operate my vehicle for the purpose of testing, inspection or delivery.

I understand that it is my responsibility to remove personal belongings from my vehicle prior to repairs, and I will not hold the repair shop or its employees responsible for loss or damage to the vehicle or articles of personal property left in the vehicle, regardless of value, in case of fire, theft, accident or any other cause.

I hereby authorize pre and post-repair diagnostic scans on my vehicle. I understand that there can be limitations depending on condition and or extent of damage of the vehicle.

I understand once the vehicle is in disassembly and I decide not to continue there can be monetary charges

I, the undersigned, do hereby consent and agree that **Powell's Auto Body Inc.** has the right to take photographs, videotape, or digital recordings of my vehicle. Though the names of our staff can be used, it is our policy that the full names of customers will not. Occasionally, it might be necessary to use the first name of a customer, but no last names, addresses, or telephone numbers will ever be used. I do hereby release to **Powell's Auto Body Inc.** all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my vehicle identity or likeness in whatever media used.

• PAYMENT AUTHORIZATION

I hereby authorize any and all insurance payments and supplements for repairs made to my vehicle to be paid directly to the repair shop. I do hereby appoint the repair shop 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 for deposit as credit on my account for repairs on my vehicle. I understand that I am responsible for any deductible, adjustment for depreciation and/or betterment amounts or failure of my insurance company to pay other labor, part or material costs necessary to restore my vehicle to its pre-accident condition as required by state law. Unless other arrangements are made, the total amount of the repair charges must be paid in full before the vehicle will be released for delivery.

To secure payment in the amount of repairs hereto, an express mechanic's lien is acknowledged, and I further agree to pay reasonable attorney's fees and court costs in the event that legal action is necessary to enforce this contract.

Signature of Vehicle Owner

Date