Mylar's Auto Refinishing, Inc.

Your Name _____ Date _____

Address_____

City_____ State _____ Zip _____

How would you prefer to be contacted with status of your vehicle? _____ Email _____ Phone _____ Text

Email address _____

Best contact # _____

Vehicle Information (if known):

License Plate #_____ Year _____ Make_____ Model_____

Prod Date_____Color_____ P Code_____ Mileage_____

VIN_____

Which insurance will this be going through?_____

Claim # (Policy # if claim number not available)_____

Have you received an estimate and/or check? _____ Yes _____ No

Payment in full is expected upon completion of your repair

Work Authorization:

I hereby authorize the repair of the vehicle identified above by Mylar's Auto Refinishing, Inc. I agree that Mylar's Auto Refinishing, Inc is not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond our control or for any delays caused by the unavailability of parts or shipping delays. I also hereby grant permission to Mylar's Auto Refinishing, Inc employees to operate this vehicle for the purpose of testing, transporting for related work, or inspection.

An expressed mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto, and I further agree to pay reasonable attorney's fees and court costs in the event legal action is necessary to enforce this contract. Mylar's Auto Refinishing, Inc also reserves the right to pick up the above vehicle at any time for non-payment.

Terms:

I acknowledge that the total estimate of repairs includes all parts, labor, handling, and diagnosis, and agree that if closer analysis finds that additional repairs are necessary, I agree to approve additional supplemental repairs that will be paid for by the insurance company. You will be contacted for authorization if the amount you must pay will be increased. Acceptable methods of payment include insurance check, cash, cashier's check, MasterCard, Visa, American Express, Discover, and ***personal checks up to $500.00***. Please do not cash or deposit the insurance check as it contains information necessary to process your claim. If your insurance check has been made payable to your lien holder and yourself, you must contact your lien holder for check endorsement.

Direction to Pay:

I authorize the insurance company to pay the amount of this claim or supplement claim to Mylar's.

Power of Attorney:

For consideration of repairs made to this vehicle, I hereby grant power of attorney to Mylar's to sign or endorse any checks and/or drafts made payable to me and any release thereto as settlement for my claim for damage to this vehicle.

Authorized By:_____ Date_____

Print Name: _____