1705 Reinhardt College Pkwy, Canton, GA 30114
Ph #: (770) 720-2066 | Fax #: (770) 704-1833 | Email: info@atomizecollision.com

WORK AUTHORIZATION / DIRECTION TO PAY

Name:_____ Date: _____

Phone: _____ Email:_____

Year: _____ Make: _____ Model: _____

VIN: _____

Insurance Co: _____ Claim#:_____

Deductible: _____ Out-of-Pocket Expense:_____

I, the undersigned, hereby authorize Atomize Collision Center to repair the above-mentioned vehicle including the purchase and installation of all necessary parts, material, labor, and any subcontract services. If the vehicle is owned/leased by a corporate entity, LLC, or other legal entity, I hereby acknowledge that I have the authority to execute this agreement on behalf of that entity and further agree to personally guarantee all costs incurred herein.

I grant you/your employees permission to operate the vehicle noted above on streets, highways, or elsewhere for the purpose of diagnosing/testing, inspecting, and/or delivering.

I understand an express mechanics lien is hereby acknowledged on the vehicle to secure the amount of repairs. Should legal action be necessary to enforce collection, I will be responsible for all legal expenses.

I agree to remove all valuables and personal property from the vehicle at or before time of drop off. I understand that Atomize Collision and its employees will NOT be held responsible for theft of the vehicle or loss/theft of any personal property left in the vehicle such as phones, computers, cameras, sunglasses, credit cards, cash, and all other personal property. I also understand that Atomize Collision is not responsible for any damage to the vehicle resulting from any act of nature including, without limitation, damage caused by hail, wind, fire, or flood.

I understand that Atomize Collision is not responsible for the availability of parts or delays in shipments beyond their control. I also understand Atomize Collision will NOT be responsible for any auto rental costs before or during the repair process.

I am aware I am responsible for payment in full (including any applicable deductible) for the repairs of the vehicle either before or at completion of repairs. I understand that while insurance may cover some or all repairs, that is a separate agreement between me and my insurance company and I am personally responsible for all costs, including parts - my option to cover any additional cost for authorizing OEM parts replacement, any additional out-of-pocket work I may have approved, all repair costs, and storage under this agreement. I am aware Atomize Collision is unable to release this vehicle without full payment for parts, labor, materials, and any applicable storage. I

understand that I have 24 hours from Atomize Collision's first notification to pick up the completed vehicle. If the vehicle is not picked up within 72 hours of completion, Atomize Collision will impose a $75.00 per day storage fee to be paid in addition to the estimate repair costs.

In the event I chose to cancel repairs, I will be responsible for a $300 estimate fee, parts restocking fee, disassembly costs, any re-assembly charges, and storage of $75/day. I will also be responsible to collect or remove the vehicle from the property at my own expense.

Atomize Collision accepts the following payments: Insurance Checks (endorsed over to Atomize Collision), Cash, Cashier's Check, Money Order, Debit Cards, and Credit Cards. A transaction fee of 3% will be added to all credit card payments. No personal checks accepted.

I authorize the applicable insurance company to pay Atomize Collision directly for all repairs including any supplemental payments. I hereby appoint Atomize Collision to accept on my behalf, any and all checks, drafts, or bills of exchange, and endorse all such checks, drafts, or bills of exchange for deposit to the aforementioned business account for credit on my account and for repairs on my vehicle which has been released and accepted. I am also aware that if any supplemental payment has been inadvertently provided/mailed to me, I will provide payment directly to the shop within 24 hours of receipt.

_____ _____

Customer Printed Name Customer Signature

_____

Date

Atomize Collision Center, LLC thanks you for selecting us to repair your vehicle.