



RL CAR KING COLLISION, INC
1900 NW 40TH CT
DEERFIELD BEACH, FL 33064
(954) 933-1382
info@rlcarking.com

CUSTOMER INFORMATION

First Name: _____ Last Name: _____

DOB: _____ Phone #: (____) _____-____ Other #: (____) _____-____

Address: _____

APT: _____ City: _____ Zip Code: _____

Email: _____

Car Year: _____ Make: _____ Model: _____

Insurance Company: _____

Claim: _____ Insurance Phone #:(____) _____-____

WORK AUTHORIZATION

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you/your employee's permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing/inspecting. An express mechanics lien is hereby acknowledged on the above

vehicle to secure the amount of repairs thereto. RL CAR KING COLLISION, INC is not responsible for the availability of parts, or delays in part shipments neither beyond their control, nor for the loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any cause beyond our control.

I also authorize Autometric CalibrationLLC to perform the work of ADAS calibration and the work of ADAS calibration and the items indicated in the Revvadas report.

I do hereby appoint the aforementioned business 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 for repairs on my vehicle which has been released, and accepted.

If the vehicle is determined to be a total loss before repairs are completed, I authorize RL CAR KING COLLISION, INC. to cease repair operations and retain possession of the vehicle until all legally applicable charges are paid or satisfactory payment arrangements have been made.

I understand that storage charges may continue to accrue while the vehicle remains at the facility after notification of a total-loss determination, subject to applicable law and any required notice.

DIRECTION TO PAY

I authorize _____ to pay **RL CAR KING COLLISION INC.** directly on claim number 0771544277. In the event the insurance or the adjustment company inadvertently mails the settlement / supplement check to me in error. I hereby agree to notify the said shop immediately, and agree to deliver the check to the repair facility within 24 hours receiving any check.

Signature: _____

Date: _____