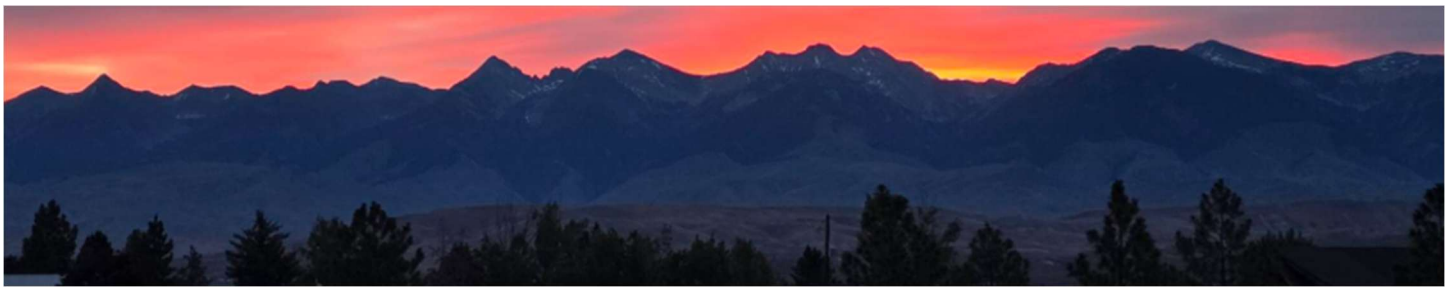

QUALITY COLLISION – 1101 S. CHALLIS ST. SALMON, ID 83467

First/Last Name: _____

P**hone Number:** _____Em**ail:** _____

Vehicle Information-Year / Make / Model / Color: _____
Insurance Company/ Customer Pay_____
Claim Number: _____

Authorization Agreement

I hereby authorize **Quality Collision** to perform the necessary repairs to my vehicle, including any required parts, labor, and diagnostic work. I understand that any repair estimate is based on preliminary findings and does not cover additional parts, sublets, or labor that may be required to complete the repair(s).

If parts need to be returned due to cancellation of repairs, I will be responsible for any restocking fees, disassembly charges, and administrative fees, if applicable. Quality Collision will dispose of old parts removed from the vehicle unless otherwise instructed.

I also grant Quality Collision employees permission to operate my vehicle on streets, highways, or elsewhere for the purpose of testing and/or inspection.

Liability Disclaimer

Quality Collision will NOT be responsible for any loss or damage to the vehicle or articles left in the vehicle due to fire, theft, accident, or any cause beyond the control of the company. Customers are advised to remove personal belongings.

Limitation of Liability

Quality Collision shall in no event be liable for special, consequential, or indirect damages of any nature. The maximum liability shall be no greater than the amount actually paid to and received by Quality Collision for the services performed on the vehicle.

Vehicle Data Privacy

During the repair process, Quality Collision may perform a diagnostic scan which could collect vehicle data such as date, time, mileage, and diagnostic trouble codes (DTCs). This information is used to determine whether issues are accident-related or pre-existing.

By authorizing repairs, you acknowledge that this information may be shared with your insurance company or other relevant third parties. Quality Collision does not collect or store personally identifiable information during scanning activity.

Power of Attorney

I hereby appoint **Quality Collision** as my Power of Attorney to accept and endorse checks, drafts, or bills of exchange on my behalf for deposit into Quality Collision's account as payment for vehicle repairs.

Quality Collision is NOT responsible for rental vehicle charges (including insurance costs) incurred during the repair process.

Estimated completion dates are not guaranteed and may change based on parts availability and repair conditions.

Type Your Name (Registered Owner Signature): _____

Date (mm/dd/yyyy): _____

Deductible Amount: _____**Prepaid Amount:**_____

Acknowledgment (Signature):_____