

Authorization for Repair



KUSTOM KREATIONS
COLLISION

3608 South Curry Street | Carson City, NV 89703

I understand that the insurance company may request the use of USED RECYCLED, RECONDITIONED, ANDROID AFTERMARKET ("non-OEM") parts or other parts that were not manufactured by the original equipment manufacturer, and that these parts may be utilized for repairs to my vehicle. I consent to the use of these parts.

I understand that the repair estimate will identify each non-OEM part used for repairs and the source of such parts. Any warranties applicable to non-OEM parts are provided by the manufacturer of the part and not the manufacturer of the vehicle. Furthermore, the shop will not be liable for any damages or issues resulting from the use of non-OEM parts, including but not limited to: voided manufacturer warranties, damages caused to other vehicle parts due to failure/improper function of the non-OEM parts, fit or quality differences, etc.

All vehicles receive a courtesy wash after the repair process and the shop will keep vehicles as clean as possible throughout the repairs, but full details are my responsibility. I understand the shop does not detail vehicles and will not be responsible for arranging or covering the costs of details.

I authorize my vehicle to be driven by the shop for the purposes of Inspection, diagnosis, repair, test driving, sublet work, and/or delivery.

Please keep in mind that estimated completion dates ("ECDs") are just that -estimates. Unforeseen issues may arise during repairs that may change the estimate amount and/or ECD of repairs.

Please remove all personal items/belongings from vehicle before dropping off for repairs. Shop will not be held responsible for items missing or damage due to fire, theft, repair process, or any other loss.

All charges (deductibles, betterments, insurance checks, etc.) must be paid to shop before my vehicle will be released back to me. shop may advise of all charges owed before pickup, but it is my responsibility to verify my deductible with the insurance company amount and charges owed before picking up the vehicle.

I understand that the shop does not provide or pay for rental vehicles and will not be responsible for any charges for a rental vehicle incurred due to delays in the completion of my repairs, a lack of rental coverage on an insurance policy, a refusal to pay rental by an insurance company, or any other reason.

--INITIAL--

Vertical line for initials/signature

Phone: 775.885.8079

KustomKreationsCollision.com

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AUTHORIZED AND ACCEPTED

I hereby authorize Kustom Kreations to repair my vehicle. I understand that payment in full will be due upon release of vehicle, including additional supplemental damages. I hereby grant Kustom Kreations employee's permission to drive the car, truck or vehicle described on the street, highway, or elsewhere for the purpose of testing and/or subcontracted and/or inspection. An express mechanic's lien is hereby acknowledged on my car, truck or vehicle to secure the amount of the repairs thereto. Kustom Kreations will not be held responsible in case of fire, theft, accident or any other cause beyond their control. Old part's removed from the car, truck or vehicle will be junked unless other written instructions attached to the authorization.

This estimate may be based on the use of body parts for your motor vehicle which were not manufactured for or by the original manufacturer of the motor vehicle. Any warranties provided for these body parts are provided by the manufacturer or distributor of these parts, not by the manufacturer of your motor vehicle. Please contact your insurer to determine your rights regarding the use of such body parts

DIRECTION OF PAY

I do hereby appoint the aforementioned business as my attorney in fact to accept on my behalf any and all checks, drafts or of exchange and to endorse all such checks, drafts or bills of exchange for the deposit to the aforementioned business account for credit on my account for repairs on my vehicle which has been released and accepted.

Authorized By (print name):

Authorized By (sign name): _____ Date: _____

How would you liked to be updated? Call Email Text Other _____

Cell/Contact Number _____

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