



PAYMENT AGREEMENT, WORK AUTHORIZATION, AND AUTHORIZATION TO PAY

Please remove all personal property from your vehicle at check-in. Please make sure you have removed all personal property from your vehicle prior to check-in, including but not limited to garage door opener, EZ pass, cell phone, cell phone charger, laptop, child's car seat(s), money/coins, clothes, sunglasses, and any handicap permits.

Payment Agreement and Work Authorization

By signing below, I agree to the following payment terms and provide the following work authorizations to Darling's Collision Center:

1. I hereby authorize the estimated repair work to be completed, including all parts, labor, and diagnosis. If upon further inspection, additional repairs are needed, I understand that the primary payee (the insurer or customer) will be contacted for further authorization.
2. Upon completion of the vehicle repairs, I will pay all deductible, betterment or customer-pay items in full and in cash or certified funds or by check or credit card. I understand that the vehicle will not be released to me until the repairs have been paid in full or the primary payee has confirmed full payment will be made. It is my responsibility to secure any necessary third-party endorsements and insurance checks can be endorsed directly to Darling's Collision Center. It is my responsibility to ensure repairs are paid in full and I agree that I am solely responsible for full payment to Darling's Collision Center. If Darling's pursues a collection action against me, I agree to reimburse Darling's Collision Center for attorney's fees and costs it incurs.
3. I understand that Darling's Collision Center is not responsible for any loss or damage to my vehicle or personal property left in the vehicle which are the result of fire, theft, accident, or any cause beyond its control.
4. I grant permission to Darling's employees to operate my vehicle for the purpose of road testing and/or inspection on streets, highways, or elsewhere.
5. I understand that if a third party provides a replacement vehicle, Darling's Collision Center is not responsible for any costs, damages, or other liability associated with such vehicle.
6. I understand that delivery dates are approximate and will change if additional repairs or parts are needed. I understand that you will contact me if the delivery date originally quoted needs to be adjusted for any reason. If I have any concerns, I can call you at any time.
7. If for any reason my vehicle is left at Darling's and is not repaired, I agreed to pay a daily storage fee. If I choose not to have the vehicle repaired after parts have been ordered, I agree to pay for any restocking fees that may apply, and to pay for any parts that are custom and not returnable.
8. When performing a diagnostic scan, I understand that Darling's will collect important historical vehicle data, including in some cases, the date, time, and mileage of when a DTC was created. This information is helpful in determining whether a problem is accident-related or pre-existing and it is possible this information will be shared with my insurance company. I accept this procedure and give Darling's permission to share any information it collects from my vehicle with others, including my insurance company. I understand that no personally identifiable information will be collected during any pre- or post-repair scan.

Payment Authorization to Insurer

By signing below, I authorize _____ insurance company to make payment directly to Darling's Collision Center on my behalf. If despite this authorization the insurance company sends payment directly to me, I agree to immediately provide or endorse payment to Darling's Collision Center.

Signed by: _____

Date: _____

Name printed: _____