

Collision Correction

AUTHORIZATION TO REPAIR/DIRECTION TO PAY

AUTHORIZATION:

I hereby authorize Collision Correction to order parts in order to repair my vehicle per the estimate written by either an insurance carrier or Collision Correction, as well as perform repairs to the vehicle per the estimate. I also grant permission to operate the vehicle described for the purposes of testing and/or transporting. An express mechanics lien is hereby acknowledged on the vehicle mentioned to secure the amount of the repairs. *Due to the complex procedures needed to repair your vehicle in a quality manner, Collision Correction cannot guarantee completion dates of repairs.* Collision Correction is not responsible for any rental vehicles. _____ INITIAL

PAYMENTS:

I understand that my vehicle will not be released until payment is made in full. This includes my responsibility for the deductible as well as any monies owed by the insurance company. *Please be certain that all payees, including lien holders, have endorsed any insurance checks prior to the completion of repairs. Furthermore, I understand that I am responsible for all betterments applied per approved insurance company estimates. *Betterment is defined as a charge to the customer by the insurance company on a "wearable item" replaced during the course of the repair (ie: tires batteries, etc.). Credit Card payments will incur a 3% service fee. _____ INITIAL

SUPPLEMENTS:

I also authorize Collision Correction to contact the insurance company responsible for my claim, on my behalf in the event that additional parts and/or labor are required to restore the listed vehicle to pre-collision condition. The insurance company is responsible for authorizing any additional repair. If no insurance company is involved with the repair, the title owner is responsible for the additional monies and authorization. _____ INITIAL

By signing below, I acknowledge that this document will serve as a "limited power of attorney" for referenced insurance company and also providing a "Direction to Pay." This will authorize Collision Correction to accept and endorse payments and reimbursements per the repair order and any authorized supplements.

Collision Correction is not responsible for loss or damage to your vehicle or to articles left in your vehicle in the event of fire, flood, theft, or any other cause beyond our control.

Owners Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

VEHICLE MAKE/MODEL/YEAR: _____

Owners Signature: _____ Date: _____