## **Unlimited Collision & RV**

## **Repair Authorization**

| Name:                            |  |  | Ema  | Email Address:  |  |  |  |  |
|----------------------------------|--|--|--|---|--|--|--|--|
| Insurance Company:               |  |  | Clain  | Claim Number:   |  |  |  |  |
| Hov                              | w did you hear abo   | out us:  |  |   |  |  |  |  |
| Street Address:                  |  |  | City:  |   | State:   | _ Zip:   |  |  |
| Cel                              | I Phone:   |  | Work Phone:  | :   |  | Home Phone:  |  |  |
| Vehicle Description: Year: Make: |  |  | Mo   | del:  |  |  |  |  |
|                                  | ninders: Sometimes of s not responsible for  |  |  |   |  |  | check-in. Unlimited Collision & as:  |  |
|                                  | Garage Door Opener   | r Cellular Phor  | ne CD's Pull-  | Out Stereo  | Money / Coins  | Clothes / Tools  | Parking Permits Jewelry  |  |
| insu<br>vehi<br>insu<br>are      | tomer pay items must<br>trance portion of the re<br>icle will not be release<br>trance check(s) can si   | be paid for in fu<br>epair bill. <b>Perso</b><br>ed to me until pa<br>imply be endorso<br>ing third party er | Il and in cash, conal checks a<br>yment is receive<br>ed by all parties<br>ndorsements. Ve | ertified funds<br>Ire not acc<br>ed or arrange<br>directly to Un<br>chicle owners | s, or credit card. (cepted under a ements have been nlimited Collision are responsible | Credit card payme<br>any circumstar<br>n made for payme<br>& RV (hereafter "<br>for any attorney for | ny deductible, betterment or<br>ont is not accepted for the<br>nces. I understand the<br>ent with the primary payee. The<br>Repair Center"). Customers<br>ees and costs for collecting<br>due. |  |
| 1.                               | I represent and warr   | ant that I am the  | vehicle owner a  | and I have th   | e authority to aut   | horize repairs for   | the above vehicle.   |  |
| 2.                               | I authorize the Repair Center to order parts and perform the repairs, services, and any other activities that will return my vehicle back to its pre-collision condition. The estimate of repair includes diagnosis, parts, and labor. If upon further inspection, additional repairs are needed, the primary payee will be contacted for authorization.   |  |  |   |  |  |  |  |
| 3.                               | Old parts removed are disposed of unless otherwise instructed before repairs begin must be picked up within 24 hours when called or they will be disposed of.  |  |  |   |  |  |  |  |
| 4.                               | I understand that the Repair Center is not responsible for loss or damage to the vehicles or articles left in the vehicle in case of fire, theft, accident, or any cause beyond their control.   |  |  |   |  |  | left in the vehicle in case of   |  |
| 5.                               | I grant the Repair Center's employees, contractors, or sub-contractors permission to operate my vehicle for the purpose repairs, testing and/or inspection on streets, highways, or elsewhere.   |  |  |   |  |  | hicle for the purpose of sublet  |  |
| 6.                               | <ol> <li>I acknowledge an express mechanic's lien on above vehicle to secure<br/>any and all attorneys' fees or costs related to collecting fees owed or u</li> </ol>  |  |  |   |  |  |  |  |
| 7.                               | I understand that if a third party provides a replacement vehicle, the Repair Center is not responsible for costs, damages, or an liability.   |  |  |   |  |  | le for costs, damages, or any  |  |
| 8.                               | 8. Delivery dates given are approximate and will change if additional parts or repairs are needed during the repair p  |  |  |   |  | g the repair process.  |  |  |
| 9.                               | I agree to pick up my vehicle within 48 hours after the Repair Center has notified me that my repairs are complete. If I fail to pa<br>for and pick up the vehicle, a daily storage charge will be added at the posted rate until the vehicle is picked up.  |  |  |   |  |  |  |  |
| 10.                              | I authorize the Repa   | ir Center to sign  | and endorse an   | ny and all ins  | urance checks to   | pay for damages  | for the above vehicle.   |  |
| 11.                              | I authorize and direct any and all insurance company(s) t pay the Repair Center directly on the above claim or repair for and all initial and or supplemental payments for repairs. In the event the insurance company(s) mail any settlement and or supplement check to me, I agree to notify the Repair Center immediately, deliver, and assign the check(s) to the Repair Center within 24 hour of my receipt of said check(s). |  |  |   |  |  |  |  |
| Signed By:                       |  |  | - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14   |   | Date:  |  |  |  |