

WORK AUTHORIZATION AND PAYMENT TERMS

NAME _____

YEAR-MAKE-MODEL _____

I hereby authorize the repair of the above vehicle as described in the attached Damage Report amounting to \$ _____. I agree that this company is not responsible for loss or damage to this vehicle and/or loss of articles left in the vehicle caused by fire, theft, or any other cause beyond our control or for any delays caused by the unavailability of parts or shipping delays. I also hereby grant permission to this company's employees to operate the above vehicle for the purpose of testing and/or inspection. To secure payment in the amount of the repairs thereto, an expressed mechanics lien on the above vehicle is acknowledged and I further agree to pay reasonable attorney's fee and court costs in the event that legal action becomes necessary to enforce this contract. I acknowledge that the total Damage Report of repairs includes all parts, labor, handling and diagnosis and agree that, if closer analysis reveals additional repairs are necessary I will be contacted for authorization if additional repair costs are required. If NEW PARTS listed in the attached Damage Report are NOT available, this company reserves the right to REPAIR such damaged or worn parts, where possible, the CHARGE for which will be adjusted accordingly between the part price and the labor required.

TERMS: The total amount of the repair charges must be paid before the above vehicle can be released for delivery. If insurance coverage is to be applied against partial or total payment, I acknowledge that the insurance check/draft must be obtained by myself or sent in advance by the insurance company prior to release of the repaired vehicle as described. I understand I will be notified when my repairs are complete. If my vehicle is not picked up within 5 days (unless prior arrangements are made), a \$50 per day inside storage rate will apply.

The undersigned does hereby constitute and appoint REDFIELD COLLISION CENTER my true and lawful agent for me and in my name, place and stead to sign my name and endorse for deposit or collection any insurance drafts or checks issued by the insurance company responsible for repairs.

I, the vehicle owner, hereby authorize DIRECT PAYMENT for repairs on my vehicle mentioned above to be made directly to: REDFIELD COLLISION CENTER.

Vehicle Owner

Date

