

DEDUCTIBLE (CO-PAY) \$ _____ INITIAL _____

DIRECTION TO PAY:

I give _____ power of attorney for the sole purpose of signing off on supplement insurance drafts and/or checks owed on my vehicle, in whatever manner is necessary to place drafts or checks in cashable position. Please make all supplement checks to _____ only.

AUTHORIZATION FOR REPAIRS

I have received from _____ a written estimate of the cost of repair work to my vehicle. I authorize the repair work to be done. Any parts listed are subject to parts price changes and I will be liable for a restock fee for returned parts if I cancel repairs. _____ employees may operate my vehicle for purposes of testing, inspection or delivery at my risk. I agree that if sublet repairs are required, my authorization includes transport of vehicle and sublet repairs both on and off site. I understand any manufactured access made with be absolutely necessary and corrosion protected to insure a high quality repair to my vehicle. All repairs performed by _____ will be to the highest industry standards.

I agree the _____ will not be held liable far (a) loss of use of my vehicle at any time during the repair process due to labor, parts, or production delays or tie ups, (b) car rental charge incurred due to delays or (c) loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident, or any other cause beyond our control.

I agree to arrange payment terms satisfactory to _____, prior to completion of the repair work. In the event that all or any portion of the work is to be accomplished as a result of my claim against an insurance company, I understand that I will nonetheless be held responsible for the repair bill.

In the event it becomes necessary for _____ to hire an attorney to enforce its rights, I will pay, in addition to other damages, reasonable attorney's fees incurred, regardless of whether suit is instituted. I understand and acknowledge that _____ reserves the right to charge a storage fee of \$___ per day if the vehicle is left longer than three business days.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

PHONE NUMBER: _____