

Sudden Impact Auto Body & Paint Shop, Inc.

6330 Mooresville Road; Salisbury, NC 28147

Phone: 704-633-6188; FAX 704-633-6112

www.SuddenImpactAutoBody.net

REPAIR AUTHORIZATION AND DIRECTION TO PAY

CUSTOMER NAME: _____
VEHICLE: _____
INSURANCE COMPANY: _____
Preferred method of contact: Phone _____; Text _____; E-mail _____

AUTHORIZATION TO REPAIR

I DO HEREBY give my consent for repairs to be made by SUDDEN IMPACT AUTO BODY & PAINT SHOP, INC. (the "Shop" or "SUDDEN IMPACT") and/or their subcontractors or designees, as set forth in the Repair Order or Estimate of Repairs dated _____ in the initial amount of \$ _____. I acknowledge receiving a written estimate of the work to be done to my vehicle; and I authorize the work to be done along with the necessary materials. I authorize the Shop to operate the vehicle for purposes of testing, inspecting or delivery at my risk. The Shop will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond the Shop's control. I understand that I am financially responsible for all charges, any deductible amount, or any other balance whether or not paid by insurance or other liable parties.

ALL CHARGES FOR REPAIRS MUST BE PAID WHEN THE VEHICLE IS READY FOR PICK/UP OR DELIVERY. Payment will be made by insurance check, bank check, VISA, Mastercard, Discover, American Express or cash (personal checks are not accepted without prior approval).

I also understand that:

1. Any charges not paid by the insurer are my responsibility, including but not limited to the following: towing, deductible, betterments or for additional work requested by me.
2. An express mechanics' lien is hereby acknowledged on this vehicle to secure the cost of repairs.

DIRECTION TO PAY

The undersigned grants limited power of attorney to SUDDEN IMPACT For the purpose of endorsing insurance checks in the event co-pay insurance checks and or drafts is/are issued to shop for repair of this vehicle.

CUSTOMER'S RIGHTS

I understand that:

- I may request a written estimate for repairs which cost in excess of \$350; and
- I may not be charged any amount in excess of ten percent (10%) of the written estimate without written or oral consent;
- I am entitled to the return of any replaced parts except when parts are required to be returned to the manufacturer under a warranty agreement or to avoid a core charge; and
- I may not be charged for repairs not originally authorized without written or oral consent.

Signature: _____

Date: _____

Print Name: _____

With the exception of replaced parts that are required to be returned to the manufacturer or distributor under a warranty agreement or returned for the refund of a core charge, I would like to have replaced parts returned to me following repairs. YES NO

