

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 _____

ESTIMATING / VEHICLE DISASSEMBLY / HIDDEN DAMAGE

Due to damage that cannot be seen until the damaged area of the vehicle is disassembled, it is our practice that accurate estimates of the cost to repair, as well as the expected time to complete repairs, are not made until we have disassembled the damaged area of the vehicle. Our normal process is as follows:

1. Obtain your approval for us to disassemble the damaged area of the vehicle and/or repair, and negotiate with your insurance company if required.
2. Itemize all visible external damage and repair costs.
3. Disassemble the damaged area to locate all hidden damage.
4. Itemize the previously hidden damage and repair costs.
5. Contact you and/or your insurance company for inspection and/or approval of the additional costs required to repair all damage found.
6. Update you with a more precise delivery date and time as repairs progress.

SUDDEN IMPACT follows the vehicle manufacturer's repair procedures to insure a quality repair. Some differences may exist between the vehicle manufacturer's repair procedures and the procedures outlined on insurance company estimates. However, any differences that would affect the quality of repair and/or the total cost of repair will be discussed with you and/or your insurance company beforehand.*

In the event SUDDEN IMPACT does not repair the vehicle, I understand that:

- Some parts removed during the disassembly process may not be able to be reinstalled on the vehicle.
- There may be charges, including but not limited to the following: disassembling and estimating the damage, towing, storage for the time the vehicle was in the Shop's possession, administrative fees, appraisal fees, parts and/or materials restocking fees, labor charges, legal and recovery fees.

SUDDEN IMPACT will do its best to prevent delays in the repair of your vehicle, however, it is important to understand that an act of God, strike, unexpected illness, unexpected shortage of parts or labor, and insurance delays are sometimes beyond our control and SUDDEN IMPACT cannot be responsible for them. We will do our best to keep you informed of your vehicle's repair status using your preferred method (phone, email, or text) and at the frequency you prefer.

I also understand that:

- 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.
- All charges for repairs must be paid when the vehicle is ready for pickup/delivery.
- An express mechanics lien is hereby acknowledged on this vehicle to secure the cost of repairs.

I hereby authorize the disassembly of the damaged area and/or repairs of the vehicle, as referenced above, and acknowledge that I understand all of the above.

Signature: _____

Date: _____

Print Name: _____

*Manufacturer Special Policy Adjustment Programs

Federal law requires manufacturers to furnish the National Highway Traffic Safety Administration (N.H.T.S.A.) with bulletins describing any defects in their vehicles. You may obtain copies of these bulletins from either the manufacturer or N.H.T.S.A. In addition, certain consumer publications or organizations publish this information, which may be available for a fee or for free."