

Authorization To Repair

I/We hereby authorize Tom Bush Collision Center to commence repairs on our vehicle and to test drive as needed. We have received an estimate of repairs and authorize payment to be made to aforementioned repair facility by:

(Insurance Company)

Tom Bush Collision Center will not be held responsible for loss or damage to your vehicle or articles left in the vehicle in case of fire, theft or any other cause beyond our control. We are not responsible for any rental expenses incurred by yourself or any insurance company. No personal check above \$500 can be accepted. Payment is due in full at time of vehicle delivery.

You will be called once a week with an update on the repair status of your vehicle. You will also be contacted with a date for pick upon completion of the repair.

Power of Attorney:

I do hereby appoint Tom Bush Collision Center as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange for DEPOSIT to the aforementioned business account for credit on my account for repair on my vehicle.

X		Tom Bu	Tom Bush Collision Center	
Vehicle Owner (Signature)		Repair F	Repair Facility	
x		x		
Vehicle Owner's Name (Print)		Date and	Date and Time	
Х				
Claim Number		Insuranc	Insurance Adjustor	
When picking up your vehicle, you will be responsible for the following:				
Insurance Check	Deductible	Customer Pay		
The customer is being charged according to a flat hourly charge.				
Additional person who may authorize repair work:				
Method of Payment:	Cash	Check	Credit Card	
Save old parts for customer? Yes No			No	