

REPAIR AUTHORIZATION FORM:

RO# _____

Date: _____

D&A Auto Body is hereby authorized to make the specified repairs to my vehicle. I authorize D&A Auto Body, its employees, and its designated third-party providers to complete the repair work on my vehicle, as outlined in my vehicle repair order listed above. I also authorize the purchase of parts and materials necessary for said repairs. If needed, I give D&A Auto Body employees and contracted third-party providers permission to operate the vehicle described herein on streets, highways, or elsewhere for the purpose of testing, repairs, and inspection.

I understand that every effort will be made to complete my vehicle within the timeframe discussed. However, I also understand that D&A Auto Body cannot be held responsible for delays that occur as the result of parts availability, insurance company requirements, additional damage discovered in the teardown process, weather delays, and other circumstances unforeseen and uncontrollable.

I understand that it is possible that once vehicle teardown begins, additional damage may be discovered. In this case, a supplemental claim will be submitted on my behalf to my Insurance Company and this amount will be included in my final total. If this is not an insurance repair, I understand that I will be contacted for authorization in the event that additional work is needed. Any old parts removed from the vehicle will be disposed of unless otherwise instructed.

I understand that all D&A Auto Body estimates and final invoices are based upon flat rate hours, as is customary in the collision repair industry, not actual time spent on repairs. I understand that a flat rate hour is a unit of time given for a certain repair operation and that actual time spent on a repair operation can vary greatly from the flat rate time given to a labor procedure depending on technician experience and equipment provided and/or training.

D&A Auto Body is not responsible for loss or damage to vehicles and/or articles left in vehicles in case of fire, theft, or any cause beyond our control. Please remove any personal articles from your vehicle, as it may be necessary to have outside companies complete sublet work on my vehicle. D&A Auto Body is not responsible for the health of customer's existing old/weak vehicle battery, a fragile ignition key, fuel/oil levels, and/or other consumable items on your vehicle.

Direction of Payment (Choose one by initialing accompanying line):

I understand that payment in full (a deductible and/or customer pay portion) will be due upon release of vehicle, including any additional supplemental charges. An express mechanic's lien is hereby acknowledged on the above vehicle should the need occur, to secure the amount of remaining balance due.

____ I authorize my insurance company to pay D&A Auto Body directly the complete costs of my claim-related repair, including supplements. D&A Auto Body will communicate with my insurance company directly. In the event my insurance company or its representative inadvertently mails the settlement /supplement check to me in error, I hereby agree to notify D&A Auto Body immediately, and I agree to deliver such check to the repair facility within 24 hours of my receipt of such check. I further agree to assume responsibility for the final total bill should payment not be made to D&A Auto Body within 30 days. I authorize D&A Auto Body to act as power of attorney to sign any insurance checks for damages to the above vehicle and sign any required release forms.

____ This repair is not part of an insurance claim.

I attest that the designation of D&A Auto Body as the provider of these repairs is my own choice. I affirm that I am aware that I was free to choose any provider to repair my vehicle.

I certify that I am the true and lawful owner of the vehicle identified above, or the authorized representative of the owner of the vehicle identified above.

Signature: _____ Date: _____

Printed Name: _____