



251 Bobby Jones Expressway
Martinez, GA 30907
Phone: 706-868-9904 Fax: 706-868-7435

REPAIR AUTHORIZATION

I, _____, hereby authorize **Rick's Paint and Body** to repair my vehicle per the repair estimate. I understand that the repair company cannot guarantee an exact target delivery date – these dates are estimates only and the repair company is not responsible for delays caused by the unavailability of parts or delays due to hidden damage. I also hereby grant permission to the aforementioned repair company's employees to operate my vehicle on streets, highways, or elsewhere for the purpose of testing and/or inspection.

I understand that **Rick's Paint and Body** will NOT be responsible for any excess or overage of rental days due to any parts delays and/or insurance company delays. X _____ Initial.

I understand that **Rick's Paint and Body** is NOT responsible for missing items that are left in the car during the repair process. I will remove any items of personal or monetary value before the car is left for repairs. X _____ Initial.

The total amount of repairs must be paid before the vehicle can be released. An express mechanic's lien is hereby acknowledged on my vehicle to secure the amount of repairs thereto. I accept responsibility for any attorney or collection fees related to the collection of unpaid balances. If the car is not picked up when the repair is completed, administrative fees and storage may apply. Acceptable forms of payment are:

CASH, BANK CHECKS, INSURANCE CHECKS properly endorsed, and CREDIT CARDS are all accepted. **AMERICAN EXPRESS** is NOT acceptable. Insurance checks will be accepted after lien holder, if any, has endorsed the check. **Rick's Paint and Body** reserves the right not to accept company checks and/or personal checks. Proper ID will be requested.

I hereby understand the forms of payment and authorize **Rick's Paint and Body** to proceed with supplement damage repairs that have been seen and approved by the insurance company.

VEHICLE OWNER'S SIGNATURE: _____ DATE: _____

DIRECTION OF PAY

I hereby assign **Rick's Paint and Body** to act as power of attorney with the right to collect and retain any and all amounts required to repair my vehicle, including but not limited to amounts due for labor rate discrepancies and repair procedures from my insurance company. Power of authority includes the collection, endorsement, and deposit of checks payable directly to the above repair facility, checks payable jointly to the above facility and claimant or insured for this vehicle, or checks payable to claimant or insured only. Should I receive an insurance check for repairs, I will forward it to **Rick's Paint and Body**.

VEHICLE OWNER'S SIGNATURE: _____ DATE: _____

Claim Number: _____ DOL: _____

Phone Number: _____ Date: _____