

REPAIR AUTHORIZATION

DATE: _____ CLAIM NO.: _____

NAME: _____ TELEPHONE: _____

YEAR: _____ MAKE: _____ MODEL: _____

Address: _____

Email: _____

I hereby authorize King Collision to inspect, disassemble, diagnose, evaluate, and repair the above vehicle, and to operate it on the property of King Collision and for the purposes of test driving on the public roads and highways.

CHARGES AND FEES

I am responsible to pay for all charges and fees levied by King Collision which include but are not limited to towing, diagnostic, labor, parts, administrative, appraisals, restocking, and storage although I hereby authorize King Collision to negotiate on my behalf with any responsible insurance company for payment of some or all of the charges.

I understand and agree that if my vehicle is repaired, after the third day of my having been notified of it being ready for pick-up, King Collision will charge \$35.00 each day for storage of my vehicle until it is picked-up. If my vehicle is not repaired and is determined to be a total loss, King Collision will charge \$35.00 each day for storage beginning the day that it arrived at King Collision.

PARTS

I understand that King Collision will use Original Equipment Manufacturer procedures and parts. Unless I notify King Collision in writing of my preference to have all removed parts returned to me, I hereby authorize King Collision to retain and/or to dispose of any removed parts.

ESTIMATES

I HAVE THE RIGHT TO HAVE AN ESTIMATE OF THE COST OF REPAIRS OR SERVICE YOU ARE REQUESTING. MY BILL WILL NOT BE HIGHER THAN THE ESTIMATE BY MORE THAN TEN PERCENT (10%) UNLESS I APPROVE A LARGER AMOUNT BEFORE THE REPAIRS ARE FINISHED. IF ADDITIONAL REPAIRS ARE NEEDED, THE ESTIMATE AMOUNT WILL INCREASE. BELOW I HAVE SELECTED HOW I WISH TO BE NOTIFIED FOR MY APPROVAL BY HAVING PLACED MY INITIALS ON ONE OF THE BLANKS PROVIDED BELOW:

_____ Written _____ Verbal _____ None

The repair work of King Collision will not begin until I approve the Estimate or indicate that you want no Estimate.

If additional damage is discovered which was not seen or was not visible during the initial inspection, evaluation, and/or repair, I understand that King Collision will provide me and any responsible insurer with Supplemental Estimates for the cost to repair the newly-discovered damage. When I approve the Supplemental Estimates, King Collision will begin work on the newly discovered damage.

TOTALED VEHICLES

If any responsible insurance company determines my vehicle to be a total loss, I understand that King Collision is entitled to be paid for all of its repairs and/or repair-related services which it performed prior to the total loss determination.

POSSESSORY LIEN

I understand that King Collision will have a lien against my vehicle to secure payment of all unpaid charges and fees.

PERSONAL ITEMS

I do not hold King Collision responsible for damage to or the loss of my vehicle or any personal items remaining in or on my vehicle.

LIFETIME WARRANTY ON WORK

I understand that King Collision will provide me with a lifetime warranty on its workmanship. I also understand that parts are usually warranted by the manufacturer, and that King Collision does not warrant a part which it does not make.

In order to invoke the lifetime warranty on workmanship, I must notify timely King Collision of any problem with its work, and I must offer King Collision an opportunity to cure the alleged defect. I will also provide King Collision timely with any and all invoices for towing or emergency charges due to the alleged defect.

I understand that this Warranty is not transferable to another person.

I also understand that this Warranty is voided if I have repairs done at a shop other than King Collision without first having obtained the consent of King Collision to have such other shop do the repairs.

DEDUCTIBLE

I will pay King Collision the deductible amount due pursuant to any insurance policy providing any coverage for repairs and repair related services performed by King Collision. There is a deductible payment plan available which requires that I place a credit card on file with King Collision. Payments pursuant to the plan are collected on the 1st and 15th of each month or the next Monday if the former fall on a weekend. My deductible amount is \$ _____

_____.

ASSIGNMENT

In consideration for the commitment of King Collision to begin repairs to my vehicle in order to restore it to a condition that is substantially similar to its condition prior to the damage, I hereby assign to King Collision any and all of my vehicle damage claims under any insurance policy; (2) my rights to collect under the insurance policy any and all of the proceeds due me for such vehicle damage and the cost to repair; and (3) my vehicle property damage claims against any at-fault party.

I agree that King Collision may send Notice of the Assignment and a copy of this Repair Agreement Authorization to any responsible insurer.

LIMITED POWER OF ATTORNEY

I hereby give King Collision a limited power of attorney for the sole purpose of its negotiating any check or draft from any responsible insurer issued in payment for the repairs and repair-related services performed by King Collision.

ENTIRE AGREEMENT

This Repair Agreement contains the entire understanding between King Collision and me, and that there are no other prior or contemporaneous agreements, and only written amendments and modifications will affect it.

WAIVER

The waiver of any right by me or by King Collision is not a waiver of any other right.

SEVERABILITY

The provisions herein are severable, and the unenforceability of one does not affect the validity or enforceability of another.

COUNSEL

I know that I have the right to have an attorney review the Repair Agreement before I sign it.

I have read this Repair Authorization and, by signing my name, I agree to be bound by its terms as does King Collision.

Signature _____

Date _____

(Your Name)

Signature _____

Date _____

(King Collision Representative)

AUTHORIZATION FOR ESTIMATE AND DISMANTLING

_____ authorize King Collision Auto Repair(K CAR)to prepare an estimate of repair costs and if necessary dismantle parts of my vehicle to do so. I understand that this is not an authorization to repair and is only for evaluating damages for myself or the insurance company covering the cost of repair.

Owner/Representatives Signature _____ Telephone: _____

Date _____ Vehicle Year _____ Make _____ Model _____ Plate# _____

King Collision Auto Repair will not be held responsible for items left in any vehicle either towed or driven in for estimating or repairing. Any labor involved in dismantling or estimating must be paid before vehicle is moved from K CAR premises. Vehicles towed or driven in, then deemed a total loss, or moved to another location for any reason by customer or Insurance Company may be subject to admin, lot, debris cleanup charges or estimate fees. Any labor, towing or lift inspection fees must be paid before a vehicle leaves K CAR.

Outside Storage \$50 -- Inside Storage \$100 Per Day

King Collision Auto Repair, LLC

2882 Brice road, Columbus, Ohio 43232.



King Collision Auto Repair
2882 Brice Road
Columbus, Ohio 43232
614-412-KING(5464)

I _____ Acknowledge that I
have received a copy of the work authorization form
from King Collision Auto Repair on _____.

Customer Signature

Date

King Collision Representative

Date

