

# **SERVICE EXCELLENCE COLLISION REPAIR CENTER LLC**

## **Work Authorization**

Date \_\_\_\_\_

JOB # \_\_\_\_\_

INVOICE # \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel# \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Trim \_\_\_\_\_

Color \_\_\_\_\_ Color Code \_\_\_\_\_ Millage \_\_\_\_\_

Vin# \_\_\_\_\_ License Plate # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Contact Name \_\_\_\_\_ Tel: \_\_\_\_\_

Policy # \_\_\_\_\_ Claim # \_\_\_\_\_

Damages: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

To be Repaired: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Estimated Costs: \_\_\_\_\_

Invoice Amount: \_\_\_\_\_

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you/your employee's permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing/inspecting. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto. SERVICE EXCELLENCE COLLISION REPAIR CENTER LLC is not responsible for the availability of parts, or delays in part shipments beyond their control, nor for the loss, or damage to the vehicle, or articles left in the vehicle in case of fire, theft or any cause beyond our control.

I do hereby appoint the aforementioned business to accept on my behalf any, and all checks, drafts or bills of exchange for credit on my account for repairs on my vehicle which has been released and accepted.

**Daily Storage Charges:** A daily storage Charge may be applied of up to **\$22.00 per day** for motor vehicles that have not been picked after 3 working days from the date of notification, that repairs have been completed.

**Old Parts:** Old Parts removed from the motor vehicles will be junked, unless otherwise instructed. I Do I Do Not want the replaced parts returned.

**Directions To Pay:** I authorize \_\_\_\_\_ Insurance Company to pay SERVICE EXCELLENCE COLLISION REPAIR CENTER LLC directly on claim number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. In the event the Insurance or the Adjustment Company inadvertently mails the settlement / supplement check to me in error, I hereby agree to notify the said Center immediately and I agree to deliver said check to the repair facility within 24 hours of my receipt of such check.

\_\_\_\_\_  
Customer Printed Name

\_\_\_\_\_  
Customer Signature

Date: \_\_\_\_\_