Sam Jackson's Auto Body Repairs

REPAIR AUTHORIZATION

Name: _____

Address: _____

City, ST, Zip   _____

Contact Phone: _____

Year/ Make/ Model   _____

Insurance Company: _____

Claim or RO#:   _____

- **WORK AUTHORIZATION**

I hereby authorize Sam Jackson's Auto Body Repairs to make necessary repairs in accordance with its written estimate or that written by the insurance company referenced above. The estimate of repairs includes parts, labor and diagnosis. Parts prices quoted are current, but are subject to change upon notice by the manufacturer. If upon further inspection additional parts and/ or repairs are needed, I will be contacted for authorization.

I hereby authorize employees of the repair shop to operate my vehicle for the purpose of testing, inspection, pickup or delivery.

I understand that it is my responsibility to remove personal belongings from my vehicle prior to repairs, and I will not hold the repair shop or its employees responsible for loss or damage to the vehicle or articles of personal property left In the vehicle, regardless of value, in case of fire, theft, accident or any other cause.

- **PAYMENT AUTHORIZATION**

I hereby authorize any and all insurance payments and supplements for repairs made to my vehicle to be paid directly to this repair shop, Sam Jackson's Auto Body Repairs- 23442 Dayton Ave., Raymond, OH 43067. I do hereby appoint Sam Jackson's Auto Body Repairs as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange and to endorse all such checks, drafts or bills for deposit as credit on my account for repairs on my vehicle. I understand that I am responsible to any deductible, adjustment for depreciation and or betterment amounts or failure of my insurance company to pay other labor, part or material costs necessary to restore my vehicle to its pre-accident condition as required by state law. The total amount of the repair charges must be paid in full before the vehicle will be released for delivery.

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Signature of Vehicle Owner   DATE