



"Where quality comes 1st"

Repair Authorization

Date: _____

Claim No.: _____

Name: _____

Year/Make/Model: _____

Address: _____

City, State, Zip: _____

Insurance Company: _____

Contact Phone: _____

• **Work Authorization**

I hereby authorize Sam Jackson's Auto Body Repairs / Jackson's Collision Services to make the necessary repairs in accordance with it's written estimate or that written by 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, and/or delivery.

I understand that it's my responsibility to remove personal belongings from my vehicle prior to repairs, and I will not hold the repair shop or it's 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 all insurance payments and supplements for repairs made to my vehicle to be paid directly to this repair business: Sam Jackson's Enterprises, Inc. I do hereby appoint Sam Jackson's Enterprises, Inc. as my attorney in fact to accept on my behalf, all checks, drafts, 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 law. **The total amount of the repair charges must be paid in full before the vehicle will be released for delivery.**

• **Payment Policy**

I have reviewed Sam Jackson's Auto Body Repairs / Jackson's Collision Repairs payment policy. *Customer Initials:* _____

Signature of Vehicle Owner: _____ *date:* _____

Estimator Signature: _____ *date:* _____