

AUTHORIZATION TO REPAIR
 Signature indicates acceptance of all
 terms contained herein.



Arnie's
Auto Body, Inc.

23 Ctr. Depot Rd.
 Charlton, MA. 01507
 508.248.7538

Name:		Date: / /			Time:
Street Address:					
City		State		Zip	
Home Telephone			Work Telephone		
Year	Make	Model	Color	License plate #	
Vehicle Identification Number:			Odometer In		Out

I hereby authorize Arnie's Auto Body to perform the repairs necessary to restore my vehicle to pre-accident condition. The above named repairer is also authorized to act as my agent for the purpose of negotiating on my behalf with my insurer for the cost of repairs, including damage not listed on the initial insurance appraisal of my vehicle.

Arnie's Auto Body is authorized to operate the above listed vehicle for the purpose of testing, delivery, or inspection by my insurer and/or leinholder at my risk.

An express garage keepers lein is acknowledged on the above vehicle to secure the amount of repairs thereto.

The above named business will not be held responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, accident or any other cause beyond our control.

IN THE EVENT LEGAL ACTION IS NECESSARY TO ENFORCE THIS CONTRACT, I, THE UNDERSIGNED, AGREE TO PAY REASONABLE ATTORNEY'S FEES AND COURT COSTS.

Repairs to be done according to (check one):

Insurance Company's Appraisal

Repairer's Appraisal

See attached copies.

I also authorize you to perform repairs approved by my insurer.

Signed :
Customer or Designee :

WAIVER

I understand that I have the right to know before authorizing any repairs what the repairs to my car will be and what their cost might be. You need not obtain approval from me for repairs or inform me prior to performing repairs what the repairs are, or their cost if the total amount for repairs does not exceed \$_____.

STORAGE CHARGES WILL BEGIN AFTER THE REPAIRS ARE COMPLETED AT A RATE OF \$_____ PER DAY

Signed :
Customer or Designee :