

Ins. Co. _____

Claim # _____

Customer _____

Vehicle _____

Standard Repair Authorization/Power of Attorney

Estimates of repairs include all parts, labor, handling and diagnosis. If, on closer analysis, it is found that additional repairs are necessary, you or your insurance company will be contacted for authorization to proceed. If the automobile is returned to the customer before the authorized service is performed, a diagnostic and handling charge, not including re-assembly, will be made. If applicable, I authorize Swartz's Ultimate Collision Repair, Inc. to act as my agent in negotiating the final cost of repairs with my insurance company. I hereby authorize the repair work described herein to be performed, including sublet work, and grant you or your employees permission to operate the vehicle on streets or highways for the purpose of repairing or testing, and acknowledge receipt of this estimate. I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF THE COST OF SAID REPAIRS, and agree that in the event legal action is required I will also pay such additional amounts as the court may fix as attorney fees. IF THIS IS AN INSURANCE CLAIM, the undersigned does hereby constitute and appoint Swartz's Ultimate Collision Repair, Inc. my true and lawful attorney to sign my name on any insurance drafts covering any authorized repairs to my automobile and to take such action as may be necessary to negotiate said drafts.

By signing the authorization for repairs, I am authorizing Swartz's Ultimate Collision to order the parts necessary to repair my vehicle in accord with their prepared estimate.

In the event that I decide to cancel the repairs to my vehicle, I agree to pay up to 30% restocking fees or pay for the parts. Parts replaced during repairs will be held for inspection only upon request.

Signed _____

Print _____

Date _____

I understand if my vehicle IS NOT picked up within 1 week of the completion date [unless arranged prior], I will be responsible for storage charges of \$35.00/day. _____

Initials

Accepted Methods of Payment Rev21712vg

We at Swartz Ultimate Collision Repair would like to thank you for choosing us to repair your vehicle. To ensure that everything goes smoothly at the time of pick-up of your vehicle, below are the following accepted methods of payment:

- **Properly endorsed** insurance checks
- Cash
- Certified bank checks or money orders
- Personal checks under \$500
 - Must show a valid PA driver's license
 - **NO OUT-OF-STATE PERSONAL CHECKS WILL BE ACCEPTED**
 - **No personal checks over \$500 will be accepted without prior approval.**

- *Credit Cards are NOT a normal accepted method of payment, but as a convenience for our customers, we will process with a 3% fee.*

1. **No vehicle will be released without full payment.**
2. If you do not receive your insurance check within one week of the appraiser estimating your vehicle, please contact the insurer's claim department.
3. Unless the claim is going through a "Direct Repair Program", the check will be sent to you, the customer, not the repair shop.
4. Upon receiving your check, verify to whom it is payable. If your bank or lease company is named on the check, please call Swartz Ultimate Collision immediately to obtain endorsement instructions.

Signature: _____

Date: _____