

WAYSIDE BODY SHOP
25691 SHORE HIGHWAY, DENTON MD 21629
PH# 410-479-2424 OR FAX# 410-479-0068

Customer Information:

Name: _____ Date _____

Address _____ Best# _____

City: _____ State _____ Zip _____ Cell# _____

E-mail Address _____

Do we have your permission to send you updates on your vehicle via text message? Yes No

Would you prefer us to contact you via E-mail regarding the status of your car? Yes No

How did you hear about us?

__ Repeat Customer __ Customer Referral __ Dealership __ Yellow Pages __ Location __ Insurance Co.

Vehicle Information/ Insurance Information:

License Plate# _____ Year _____ Make _____ Model _____ Color _____

Insurance Company _____ Claim # _____

Has an estimate been written on your vehicle? Yes _____ No _____

Who is paying for the repairs? Your Insurance __ Their Insurance __ Self __ Other __

By Whom? _____ Have you received a check? Yes _____ No _____

Work Authorization:

I hereby authorize Wayside Body Shop to proceed with parts order, teardown, and repair to the above noted vehicle. I agree that Wayside is not responsible for any loss or damage to the vehicle or articles left in the vehicle in case of fire or theft beyond our control or for any delays caused by the unavailability of parts or shipping delays. I agree that there will be a **35%** restocking fee if I cancel this repair. I hereby grant permission for Wayside employee's to operate this vehicle for the purpose of inspection, road testing or transporting for work related to this loss.

Terms:

I acknowledge that the initial estimate of repairs may change after teardown with a closer analysis of the damage. I appoint Wayside to represent and collect for any additional supplement repairs and payments from the insurance company. If there are any additional amounts that I will pay, I will be contacted by the shop for my authorization. An expressed mechanics lien is hereby acknowledged on the above vehicle to secure the total amount of repairs thereto, and I further agree to pay reasonable attorney's fees and court costs in the event legal action is necessary to enforce this agreement. **Payment in full is expected upon completion of your repair.**

Accepted methods of payment for repairs are Insurance Checks, Cash, Cashier's Checks, Credit cards/Debit cards (MasterCard, Visa, American Express, and Discover – Up to \$1500.00). A convenience fee of 3% will be added to all Credit/Debit charges exceeding \$1500.00. We do not accept personal checks _____ (Initial)

Power of Attorney:

For consideration of the repairs made to the above vehicle, I hereby grant Wayside Body Shop power of attorney to sign or endorse any checks or drafts made payable to me and release thereto as settlement for repaired damages to this claim on my vehicle.

Authorized By: _____ Date: _____

Printed Name: _____