

Hertrich Collision Center of Milford

1449 Bay Road Milford, DE 19963

Phone# (302) 839-0550 Fax# (302) 839-0575

Customer / Vehicle Information: (PLEASE PRINT)

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Year _____ Make _____ Model _____ Color _____

Who is paying for this repair? Yourself ____ Your Insurance ____ Their Insurance ____ Other _____

If insurance do you have their estimate: Y or N Did you receive payment from them: Y or N

Insurance Company _____ Claim # _____

Work Authorization:

I hereby authorize Hertrich Collision Center to proceed with parts order, teardown, and repair to the above noted vehicle. I agree that Hertrich 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% parts restocking fee if I cancel this repair**. I hereby grant permission for Hertrich employees 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 Hertrich to represent and collect for any additional supplemental 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 cost in the event legal action is necessary to enforce this agreement. Payment is due in full at the completion of repair and before vehicle will be released. **Pickup hours are Monday-Friday 8am to 5pm.** _____ (initial)

Accepted methods of payment for repairs are Insurance Checks, Cash, Money Orders, Debit Cards, Master Card, Visa, and Discover. **(NO AMEX, NO CHECKS)**

Power of Attorney:

For consideration of the repairs made to the above vehicle, I hereby grant Hertrich Collision Center 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: _____