

**HERTRICH'S COLLISION CENTER OF SEAFORD**  
**26907 SUSSEX HIGHWAY**  
**SEAFORD DE 19973**  
**PH# 302-629-3955 FAX# 302-629-6028**

**Customer Information:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work/Cell# \_\_\_\_\_

E-mail Address \_\_\_\_\_

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**Vehicle Information/ Insurance Information:**

License Plate# \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Insurance Company \_\_\_\_\_ Claim # \_\_\_\_\_

Has an estimate been written on your vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

By Whom? \_\_\_\_\_ Have you received a check? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Work Authorization:**

I hereby authorize Hertrich Collision to proceed with parts order, teardown, and repair to the above noted vehicle. I agree that Hertrich Collision 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 Hertrich Collision 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 Hertrich Collision 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 and before vehicle will be released. **Pick up hours are Monday-Friday 8am to 5pm** \_\_\_\_\_ (Initial)

Accepted methods of payment for repairs are Insurance checks, Cash, and Cashier's Checks. MasterCard, Visa, American Express, and Discover cards are accepted for transactions up to \$2,000. A convenience fee of 3% will be added to all debit/credit charges exceeding \$2,000. **We do not accept personal checks** \_\_\_\_\_ (Initial)

**Power of Attorney:**

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