# Hertrich Collision Centers

## CUSTOMER INFORMATION

Name _____ Date _____

Address _____ Cell# _____

City _____ State _____ Zip _____ Home# _____

Email _____ Work# _____

What is your preference for system generated updates on your vehicle? Text ☐ Email ☐

How can we exceed your expectations? _____

Any concerns since the accident? _____

## VEHICLE INFORMATION

Year _____ Make _____ Model _____ Color _____

## CLAIM INFORMATION

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

If insurance, do you have their estimate? YES or NO Did you receive payment from them? YES or NO

Insurance Company _____ Claim # _____

Deductible Amount _____

## WORK AUTHORIZATION

I hereby authorize *Hertrich Collision Center of Seaford* to proceed with parts order, disassembly, 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% parts restocking fee if I cancel this repair**. I hereby grant permission to *Hertrich Collision's* 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 disassembly 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. Accepted methods of payment for repairs are Insurance Checks, Cashier's Checks, Cash, Money Orders, Debit and Credit Cards including MasterCard, Visa, and Discover.

## 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.

**** PICKUP HOURS ARE MONDAY-FRIDAY 8AM-5PM** **INITIAL** _____

**** WE DO NOT ACCEPT PERSONAL/BUSINESS CHECKS** **INITIAL** _____

**** A FEE OF 3% WILL BE ADDED TO ALL CREDIT CARD CHARGES OVER $1500** **INITIAL** _____

**AUTHORIZED BY** _____ **DATE** _____

**PRINTED NAME** _____