

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

**Customer Information:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Home# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell# \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Work# \_\_\_\_\_

Do we have permission to send you system generated updates on your vehicle? Email \_\_\_\_\_ or Text \_\_\_\_\_

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**Vehicle Information/ Insurance Information:**

License Plate# \_\_\_\_\_ 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 # \_\_\_\_\_

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**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 Body Shop 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 Body Shop 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 Body Shop 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 Money Orders, Debit Cards, MasterCard, Visa, and Discover cards. A 3% convenience fee will be added to all card charges over \$1,500.

**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: \_\_\_\_\_