

**HERTRICH'S COLLISION CENTER OF MILFORD**

1449 Bay Road, Milford, DE 19963

PH#: 302.839.0550 FAX#: 302.839.0575

**Customer Information:**

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

Address: \_\_\_\_\_ Cell#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home#: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work#: \_\_\_\_\_

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

(Disclaimer: System generated messages are sent through our system from your insurance company. We cannot modify them.)

**Vehicle Information/ Insurance Information:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Plate#: \_\_\_\_\_

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 #: \_\_\_\_\_

**Work Authorization:**

I hereby authorize *Hertrich's Collision Center of Milford* 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.

**\*\*A convenience fee of 3% will be added to all card charges exceeding \$1500.00\*\***

**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 or American Express \_\_\_\_\_ (Initial)**

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_