



**Midway Collision Center
CUSTOMER AUTHORIZATION SHEET**

Customer Name: _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Insurance Company Processing This Claim: _____

Claim number: _____

Has insurance company had a chance to review damages on your vehicle? _____ Yes? _____ No?

Has insurance company issued you a check? _____ Yes? _____ No? Amount \$ _____

Insurance Deductible Amount \$ _____ (If Known)

Please read thoroughly, initial and sign below;

____ All Valuables have been removed from the vehicle.

____ I have completed as walk around inspection of my car with Midway Collision Center and hereby acknowledge any old damage on my vehicle.

____ Battery life expectancy is less than two year, please be aware vehicle may not hold a charge while in repairs.

____ Rock chips in glass can form into cracks. Due to the climate we reside, temperature change can cause a rock chip to form into cracks. Midway must clean the vehicle for the collision repair process; this also could cause a crack to your windshield. Most insurance policies offer full glass coverage with no deductible. Please see your Advisor.

____ I authorize pre and post diagnostic scan to my vehicle. (See reverse for definition)

*****PART SUBJECT TO INVOICE*****

AUTHORIZED AND ACCEPTED: You are hereby authorized to make the above specified repair. I understand that payment in full will be due upon release of vehicle, including additional supplemental damage charges, and hereby grant you and/or your employee's permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspections. An express mechanics lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicles in case of fire, theft, accident or any other case beyond your control. Old parts removed from the vehicle will be junked unless otherwise instructed! I authorize any and all supplements, payable direct to Midway Collision. I authorize you to act as power of attorney to sign insurance checks to pay for damages to the above vehicle. Customer agrees that any controversy or claim by or between Customer and Dealer (including any of its agents and representatives) of any kind or nature whatsoever shall be settled by arbitration in accordance with the rules of the American Arbitration Association. There shall be no class action arbitration or relief. The arbitration award and/or order shall be the final and binding on the parties to the arbitration. Unless the arbitrator determines that enforceability of this Arbitration Clause requires other wise, each party shall bear its own costs and expenses in connection with any arbitration proceeding. Both Customer and Dealer retain the right to exercise self-help remedies and to seek provisional remedies from a court. If any part of this Arbitration Clause is deemed or found to be enforceable for any reason the rest of the Arbitration Clause remains enforceable.

FINAL REPAIR BILL Authorized by _____ Date _____
2201 W. Bell Road * Phoenix, Arizona 85023 * PHONE (602) 866-6662 * FAX (602) 866-6664

WE DO NOT EXCEPT PERSONAL CHECKS. WE APOLOGIZE FOR THE INCONVIENCE.