

EXPRESS CUSTOMER SERVICE

“Working Harder to Serve You Better”

AUTOPLEX
AUTO COLLISION CENTER

DATA SHEET

Please complete this form to expedite your order.

Customer's Name: _____

Customer's Address: _____

Customer's Daytime Phone Number: _____

Customer's Home Phone Number: _____

Customer's E-mail Address: _____

Make/Model/VIN of Vehicle: _____

Insurance Company Processing This Claim: _____

Insurance Deductible Amount \$ _____ (if known)

Customer
Comments: _____

STATE OF _____ POWER OF ATTORNEY

COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS that I (or we), the undersigned, do hereby constitute and appoint _____ as my (or Our) true and lawful agent and attorney in fact to endorse in the name, place and stead of the undersigned any check or draft issued by _____ (insurance company) to cover all or part of repairs to my (or our) automobile which are authorized by me (or us) in whatever manner is necessary to negotiate such a check or draft for the purpose of paying such repairs.

I (or we) hereby ratify and confirm whatever action said agent and attorney in fact may take in such regard by virtue hereof.

Dated this the _____ day of _____, 20____.

Witness

ASSURED

Witness

ASSURED

I AM THE PERSON OR AGENT ACTING ON BEHALF OF THIS PERSON WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR AGREEMENT. I UNDERSTAND THAT THIS VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH BUSINESS & COMMERCE CODE §9.609. IF PAYMENT FOR THE REPAIRS OF THE MOTOR VEHICLE BY A CHECK, MONEY ORDER, OR A CREDIT CARD TRANSACTION IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUND OR BECAUSE THE MAKER OR DRAWER OF THE ORDER OR THE CREDIT CARD HOLDER HAS NO ACCOUNT OR THE ACCOUNT UPON WHICH IT IS DRAWN OR THE CREDIT CARD ACCOUNT HAS BEEN CLOSED.

I have removed all valuables from the vehicle, such as: All Electronic Equipment, CD's, Jewelry, Etc.

Customer Initial _____

NOT RESPONSIBLE FOR ANY ARTICLES LEFT IN YOUR VEHICLE

- 1) I understand that my vehicle is being repaired for me and not my insurance company, I therefore agree to pay in full by check, cash or by one of the approved credit cards, the amount of repairs and any supplementary repairs approved by me or my insurance company at the time I pick up my car.
- 2) I understand that any and all endorsements required on my insurance check will be obtained prior to picking up my car.

I hereby authorize the repair work therein set forth to be done by you, together with the furnishing by you of the necessary parts and other material for such repair, and agree: that you are not responsible for any delays caused by unavailability or delayed availability of parts or material for any reason: that you neither assume or authorize any other person to assume for you any liability in connection with such repair; that you shall not be responsible for loss or damage to the above vehicle, or articles left therein; in case of fire, theft or other causes beyond your control; that any express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto; that your employees may operate the above vehicle on streets, highways or elsewhere for the purpose of testing and/or inspecting such vehicle.

CUSTOMER SIGNATURE X _____ DATE: _____

3) If you plan on paying all or part of these charges with a personal check a VALID TEXAS DRIVERS LICENSE is required. Only checks drawn on Metroplex Banks are accepted.