

# AUTHORIZATION TO REPAIR

United Collision is hereby authorized to repair my vehicle as specified in the accompanying estimate.

1. I understand that the estimate may not include all items necessary to repair my vehicle. In certain cases, hidden damage may be discovered during the course of the repairs. I understand that payment in full is due upon the release of the vehicle. This includes any supplemental charges, or cost of repairs for additional damages discovered and any insurance deductibles or betterments that may apply. An express mechanic's lien is hereby acknowledged on the vehicle to secure the amount of repairs performed.
2. I hereby grant you and/or your employees to operate the vehicle aforementioned on public streets, highways, or elsewhere for the purpose of transporting, testing, and/or inspection. I understand that **United Collision** will not be held responsible for loss or damage to my vehicle, or articles left in my vehicle, in the case of fire, theft, accident, or any other cause beyond our control.
3. I understand that **United Collision** will not be responsible for any costs incurred by me, including rental vehicle charges, due to delay in repairs caused by: delays in getting parts, additional damage found that was not listed on the original estimate and delays in getting insurance company approvals / inspections / payments.

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

I request that United Collision perform an inspection and estimate to my vehicle. This process will include minor disassembly and the removal of damaged components.

Initials: \_\_\_\_\_

I do not wish to have my vehicle assessed prior to the insurance company's inspection.

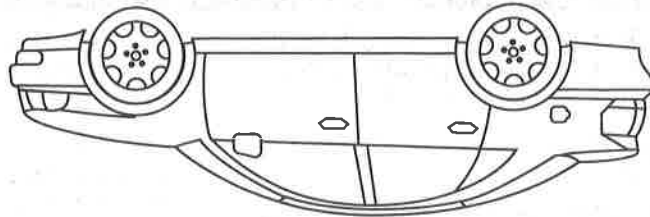
Initials: \_\_\_\_\_

## VEHICLE INFORMATION

VIN #: \_\_\_\_\_ COLOR CODE: \_\_\_\_\_

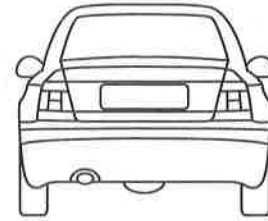
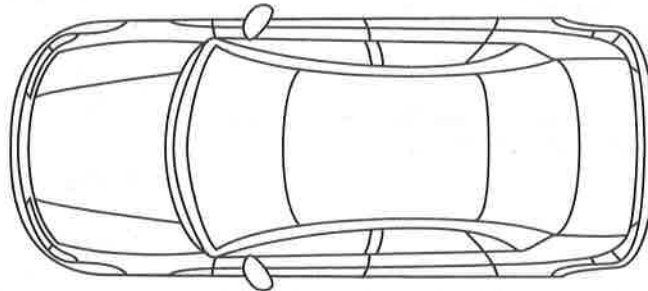
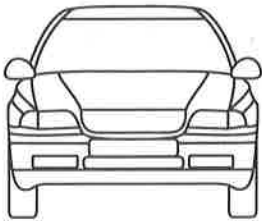
PROD: \_\_\_\_\_ TAG: \_\_\_\_\_

A Customer Service Representative will walk you around your vehicle to note the damage from the accident. They will also note any other prior damage that does not apply to our repairs.

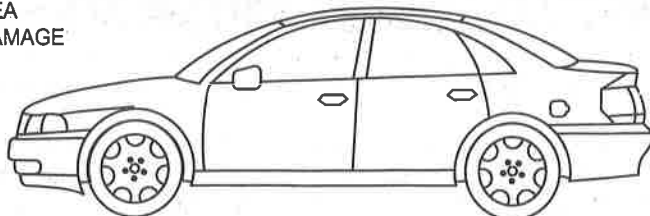


Gas: |-----|-----|-----|  
E F

Mileage: \_\_\_\_\_



**INFORMATION KEY:**  
 X - ACCIDENT / REPAIR AREA  
 O - PRIOR / UNRELATED DAMAGE  
 S - SCRATCHES ONLY



**NOTES:**


CSR Performing Inspection: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_