



TAX ID 042-768-402

RS# 669 EXP 5/31/2012

**AUTHORIZATION TO REPAIR FORM**

DATE: \_\_\_\_\_ CLAIM NO.: \_\_\_\_\_

NAME: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

By signing this form, I understand and agree to the following terms and authorize Automotive Specialties Inc. to repair the above mentioned vehicle. Automotive Specialties Inc is also authorized to act as my agent for the purpose of negotiating on my behalf with the insurer for the cost of the repairs, including damage not listed or visible at the time the initial insurance appraisal was done.

I authorize employees of Automotive Specialties Inc. to operate my vehicle for the purpose of testing the vehicle, delivery of the vehicle or for inspection of the vehicle by my insurance company or lien-holder.

I understand Automotive Specialties Inc. will order parts for my vehicle as soon as possible. I also understand that Automotive Specialties Inc. will start work performance as soon as possible once the insurer has photographed the vehicle and assessed the damages.

In the event the vehicle is not repaired I understand there may be charges, including but not limited to the following: towing, storage, administrative fees, appraisal fees, parts restocking fees, labor charges, legal and recovery fees. I also understand that any charges not paid by the insurer are my responsibility, including but not limited to the following: towing, deductible, betterments or for additional work requested. I also understand that those charges are due upon pickup/delivery of my vehicle.

Unless prior arrangements have been made I agree to pick up my vehicle or have my vehicle delivered to me within two (2) business days upon completion, otherwise a \$45.00 per day storage charge will be added to the total cost of repair. In the event I do not pay the charges owed necessary to remove my vehicle from Automotive Specialties Inc. I understand that I will be responsible for any and all legal fees incurred.

Automotive Specialties Inc. will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. An express garage keeper's lien is acknowledged on the vehicle to secure the amount of repairs thereto. I understand Automotive Specialties Inc. is not responsible for any personal items left in vehicle.

I understand that Automotive Specialties Inc. will repair my vehicle as specified in the appraisal written by my Insurance Company. I understand that my Insurance Company's appraisal also acts as the repair order for my vehicle. \*\*Please note: Automotive Specialties Inc. does NOT save old vehicle parts unless requested by customer at time of drop off.

OWNER/DESIGNEE SIGNATURE X \_\_\_\_\_ DATE: \_\_\_\_\_

**DIRECTION TO PAY: APPRAISAL, SUPPLEMENTS AND TOW BILL**

The undersigned hereby directs the insurance company to pay Automotive Specialties Inc. directly.

OWNER/DESIGNEE SIGNATURE X \_\_\_\_\_ DATE: \_\_\_\_\_

By signing this form under the direction to pay plan portion, I understand that if any payments come to myself in error, I will forthwith that payment to Automotive Specialties Inc. immediately.

**12 Providence St.  
Hyde Park, MA 02136  
Phone (617) 364-1722 Fax (617) 361-6882**

[www.automotivespecialties.com](http://www.automotivespecialties.com)