

Date: _____

Last Name: _____



45 Mason Street
 Salem, Massachusetts 01970
 978.745.6267 (ph) 978-745-0485 (fax)
www.essexcountycollision.com

REPAIR AUTHORIZATION & DIRECT TO PAY FORM

ESTIMATE OF REPAIR: \$ _____

The Estimate of Repair includes parts, labor, diagnosis, and any applicable taxes. If, on further inspection, additional parts or repairs are needed, you will be contacted for authorization. We are not responsible for loss or damage to your vehicle from fire, theft, accidents or any cause beyond our control. All tests will be made by our employees at your risk.

AUTHORIZED SIGNATURE: _____ DATE: _____

ADD'L REPAIR AUTHORIZATION AMOUNT: \$ _____ DATE: _____

PHONE NO.: _____ TIME: _____ PERSON CONSENTING: _____

If vehicle is returned to customer before authorized repairs are performed, a diagnostic and handling charge, including reassembly, will be made.

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POWER OF ATTORNEY - «InsuranceCompanyName»

I do hereby appoint the aforementioned business as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange for deposit to the aforementioned business' account for credit on my account for repairs on my vehicle which has been released and accepted.

ACCEPTED BY: _____ DATE: _____

===== OFFICE USE ONLY =====

«InsuranceCompanyName» DEDUCTIBLE: «Deductible»

Received From	Amt Rec'd	Type of Payment	Balance Due
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-----	\$ _____	-----	-----
-----	\$ _____	-----	-----
-----	\$ _____	-----	-----