

Date:

## **REPAIR AUTHORIZATION FOR BOB'S AUTO COLLISION, INC.**

Owner Name:

Insured Name:

Claim Number:

Vehicle (Yr. Model. Make):

Repair Authorization I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that Bob's Auto Collision is not responsible for loss or damage to vehicle or articles left in vehicle, in case of fire, theft, or any other use beyond your control or for any delays in parts shipments by any supplier or transporter. I hereby grant Bob's Auto Collision and/or its employee's permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. I understand and agree that to secure payment for the repairs thereto, an expressed mechanic's lien on the above vehicle acknowledged and further agree to pay reasonable attorney's fees and court costs in the event that legal action becomes necessary to enforce this contract.

Signature \_\_\_\_\_

Direction to pay

I hereby authorize payment to be made to Bob's Auto Collision for any repairs made to my vehicle.

Signature \_\_\_\_\_