



Hill-Kelly Body Shop6171 Pensacola Blvd..... Pensacola, Fl 32505... (850) 476-9078

AUTHORIZATION TO REPAIR – DIRECTION TO PAY

FEDERAL TAX ID: # 59-0967233

Please sign this form and fax to (850) 478-5392 or email to bodyshopadvisor@hillkellydodge.com

CUSTOMER INFORMATION

Customer Name _____
Address _____ City _____
State _____ Zip _____ Contact Phone # _____
Email _____ Preferred Method of Contact: TEXT E-MAIL CALL

INSURANCE COMPANY RESPONSIBLE FOR PAYMENT

Ins. Co. _____ Claim# _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____ Color _____
VIN# _____

POWER OF ATTORNEY & DIRECTION OF PAYMENT AND AUTHORIZATION

I hereby appoint Hill-Kelly Dodge, Inc. of 6171 Pensacola Blvd. Pensacola, FL 32505 as my attorney in fact to endorse insurance checks or drafts covering repairs to the vehicle listed above. I understand that responsibility for payment of repairs is mine. Should the above named Insurance Company not make payment in full to Hill-Kelly Dodge, Inc. I understand that my signature below directs the insurance company to pay Hill-Kelly Dodge, Inc. directly for all repairs to the insured vehicle.

My signature below hereby authorizes the repair work hereinafter set forth to be completed along with necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments. I grant you and/or your employees the permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the vehicle to secure the amount or repairs thereto.

Please read carefully, check one of the statements below and sign: I understand that under state law I am entitled to a written estimate, if my final bill will exceed \$100.00. .

I REQUEST A WRITTEN ESTIMATE

I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ _____
(THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL)

I DO NOT REQUEST A WRITTEN ESTIMATE

REPAIR PER INSURANCE COMPANIES CLAIM _____ AND I UNDERSTAND I AM RESPONSIBLE FOR PAYMENT OF DEDUCTIBLE

I have read, understand and agree to the contents of this form.

Authorized by: _____ DATE: _____



VEHICLE CHECK IN & PRIOR DAMAGE

R.O. _____

NAME: _____

DATE: _____

YEAR: _____ MAKE: _____

MODEL: _____

MILEAGE: _____ FUEL: F 3/4 1/2 1/4 E

DASH WARNING LIGHTS:

AIRBAG - ON OFF

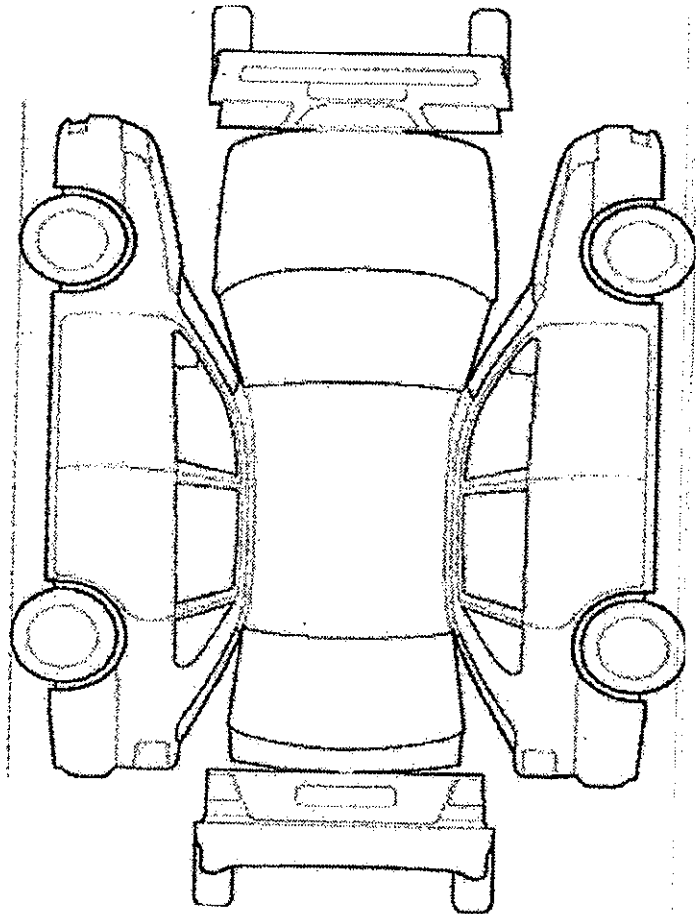
ABS - ON OFF

CHECK ENGINE - ON OFF

MAINT REQ - ON OFF

OTHER - _____

NOTES



CUSTOMER PLEASE SIGN HERE

DATE: _____

SHOP REPRESENTATIVE: _____

6171 PENSACOLA BOULEVARD* PENSACOLA, FLORIDA 32505

(850) 476-9078