

JAKES COLLISION CENTER

Phone : 978-486-8288
Email : John@Jakescollisioncenter.com
Website : Jakescollisioncenter.com
Address : 1 Adams St. Littleton, Massachusetts 01460
License No : RS0002638
Appraiser License No : NPN19933468



REPAIR AUTHORIZATION FORM

Customer Information

Name : _____ Phone : _____ Email : _____
Address : _____ City : _____ Zip : _____
Preferred Contact : _____
Prior Damage : _____
Insurance Company : _____ Date of Accident : _____
Claim No : _____ Adjuster Name : _____ Phone : _____

Vehicle Information

Year : _____ Make : _____ Model : _____
Body Style : _____ Tag # : _____ Color : _____ VIN : _____

I, hereby authorize Jakes Collision Center, its employees, and its designated third-party providers to complete the repair work on my vehicle. I also authorize the purchase of parts and materials necessary for said repairs. I give Jakes Collision Center employees and contracted third-party providers permission to operate the vehicle described herein on streets, highways, or elsewhere for the purpose of testing and inspection.

Liability Disclaimer: I understand that Jakes Collision Center is not responsible for loss or damage to my vehicle and/or articles left in the vehicle in case of fire, theft, or any cause beyond our control. Please remove your personal belongings from the vehicle, including your child safety seats, medications, firearms, and anything that may be damaged in exposure to extreme heat. Additionally, once your vehicle is prepared for paint, we will not be able to give you access to it, so please remove anything you think you will need during your repair. Notify us if your vehicle uses alternate fuel.

Charges and Cancellation: Vehicles towed or driven in, then deemed a total loss, or moved to another facility for any reason by the customer or Insurance Company may be subject to administrative, lot, debris cleanup charges, and/or estimate fees. Any labor, towing, or lift inspection fees must be paid before a vehicle leaves Jakes Collision Center. If I cancel the work authorization before work is completed, I am responsible for paying for all work completed before notice of cancellation, as well as any parts that have been purchased already.

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Payment Terms: My bill must be paid in full before my vehicle will be released to me. Jakes Collision Center accepts cash, cashier's checks, and credit card payments. Please note that credit card payments are subject to a 3.99% technology fee if sales are settled with this transaction. Jake's Collision Center does not accept personal checks. Any alternate payment arrangements must be made in advance, in writing, with Jakes Collision Center. Prior written notice must be given if return of used or damaged parts is desired by the customer.

Power of Attorney: I grant Limited Power of Attorney to Jakes Collision Center, authorizing them to endorse any checks received on behalf of the vehicle owner(s).

Completion and Delays: I understand that every effort will be made to complete my vehicle within the timeframe discussed. However, I also understand that Jakes Collision Center cannot be held responsible for delays that occur as the result of parts availability, insurance company requirements, additional damage discovered in the teardown process, weather delays, and other circumstances unforeseen and uncontrollable.

Supplemental Claims: I understand that it is possible that once vehicle teardown begins, additional damage may be discovered. In this case, a supplemental claim will be submitted on my behalf to my Insurance Company, and this amount will be included in my final total. If this is not an insurance repair, I understand that I will be contacted for authorization in the event that additional work needed changes the estimate price by more than 10%.

Storage Fees: I will incur storage charges at a rate of \$100 per day inside and \$35 per day outside if I do not pick up my vehicle within 3 business days of receiving notification that my repairs are complete. These storage fees are not usually covered by insurance companies and will be my responsibility.

Direction of Payment: (Choose one by initialing accompanying line):

_____ I authorize _____ Insurance Company to pay Jakes Collision Center directly the complete costs of my claim-related repair job, including supplements. _____ I will communicate with my Insurance Company. Payment of my claim will be made directly to me. I understand that I am responsible for paying for all repairs and supplements and will pay Jakes Collision Center directly.

_____ This repair is not part of an insurance claim.

Acknowledgement: I attest that the designation of Jakes Collision Center as the provider of these repairs is my own choice. I affirm that I am aware that I was free to choose any provider to repair my vehicle. I certify that I am the true and lawful owner of the vehicle identified above or the authorized representative of the owner of the vehicle identified above.

Customer Signature : _____ Date : _____

Jakes Collision Center Representative Signature : _____ Date : _____