

**2331 W. Hampden Ave, unit 177**

**Englewood CO. 80110**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle year/make/model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vin#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of payment:**

All deductibles, customer paid repairs, betterment and insurance repairs must be paid in full by the following means: **Cash, Insurance check, Cashier’s check or Credit card.**

**Authorized and Accepted:**

**David’s Hail and Collision** is hereby authorized to make specified repairs to the above vehicle. I understand that payment in full or signature on an authorization for payment to be made directly to **David’s Hail and Collision** will be due before the release of the vehicle including supplemental damage charges. I hereby grant employees of **David’s Hail and Collision** permission to operate the vehicle herein described for the purpose to repair operations and/or inspection. An express mechanic lien is hereby acknowledged on the above vehicle to secure the amount of repairs hereto. **David’s Hail and Collision** 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 their control. I authorize all supplements payable directly to **David’s Hail and Collision.** I authorize **David’s Hail and Collision** to act as Power of Attorney to sign insurance checks to pay for damages to above vehicle.

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Vehicle Owner Signature Date