

AUTHORIZATION FORM



Name: _____

Address: _____

City, State, Zip: _____

Phone #'s check primary: **Cell :** (_____) (_____) **(Other :)** (_____) (_____)

E-mail: _____

Preferred Contact Method: Text Email Phone

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

Insurance Company if applicable: _____ Claim # : _____

I hereby authorize 1st Choice Collision to make the specified repairs to the vehicle identified above. I hereby represent that I am at least Eighteen (18) years of age and the record owner of the vehicle. I hereby grant 1st Choice Collision permission to drive and operate the vehicle for testing and inspection. I acknowledge that during the repairs it may be necessary to transfer my vehicle to one of our other locations and hereby consent to such transfer.

If the vehicle described herein is not picked up within ten business days after notice is given that repairs have been completed, 1st Choice Collision may charge daily storage fees at rates that are reasonable for the area, but not to exceed \$150.00 per day or the maximum rate allowable by applicable law. I authorize and acknowledge an express mechanic's lien in favor of 1st Choice Collision on the vehicle described herein for all charges for repairs, including labor and parts, storage and/or towing. I understand that if payment in full is not received within ten days after 1st Choice Collision has notified the Customer that the repairs are completed: (i) 1st Choice Collision may, in accordance with applicable state law, begin lien sale proceedings and sell the vehicle at public auction; and/or (ii) 1st Choice Collision may refer such account to its attorneys or a collection agency for collection.

1st Choice Collision will not be held responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, flooding, theft, accident, vandalism, natural disaster, or any cause beyond 1st Choice Collision' control.

Limited Warranty:

Any warranty claims are subject to and limited by the express terms and conditions of the Limited Warranty located at www.1stcoll.com/limited-warranty. 1ST CHOICE COLLISION HEREBY DISCLAIMS ANY AND ALL IMPLIED WARRANTIES WITH RESPECT TO THE REPAIR OF THE VEHICLE, INCLUDING, WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY, PERFORMANCE, CONDUCT, OR FITNESS FOR A PARTICULAR PURPOSE. 1ST CHOICE COLLISION DOES NOT GUARANTEE THAT IT WILL IDENTIFY ALL REPAIRS NEEDED FOR A VEHICLE, THAT IT WILL BE ABLE TO FIX ALL IDENTIFIED REPAIRS, OR THAT IT WILL BE ABLE TO RESTORE A VEHICLE TO OPERATING CONDITION.

Privacy Notice:

1st Choice Collision only collects information required for proper processing of your insurance claim, estimate, and/or repair. Please refer to our privacy policy at www.1stcoll.com/privacy-policy for more information.

Power of Attorney:

I do hereby appoint 1st Choice Collision to act as Power of Attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange, and to endorse all such checks, drafts, bills of exchange for deposit to 1st Choice Collision's account for credit on my account for repairs to my vehicle. I authorize any and all supplemental charges to be made payable to 1st Choice Collision.

Subpoenas and Legal Processes

If, as a result of my seeking an estimate for repairs from 1st Choice Collision or due to 1st Choice Collision performing repairs on my vehicle, 1st Choice Collision is required to (a) respond to any court subpoenas, (b) produce documents to be used in court or other proceedings, or (c) provide testimony by deposition or in any court or similar action involving me and any third party, I will pay 1st Choice Collision (a) \$500 for providing documents in response to any subpoena, (b) \$1,000 for each day or partial day of fact testimony of any 1st Choice Collision' employee is asked to testify at any deposition or proceeding and (c) \$500 per hour for each hour of expert witness testimony of any 1st Choice Collision' employee at any deposition or proceeding.

VEHICLE RELEASE POLICY

- I understand that full payment for all parts and repairs will be due prior the release of the vehicle, including additional supplemental damage charges and all deductibles and other charges not covered by insurance.
- 1st Choice Collision accepts personal checks up to \$25,000.00 as well as all major credit cards, Money Orders and Cashier's Checks.
- Multiple Party checks must be endorsed prior to vehicle release.
- I understand that the estimates on repairs, charges, and completion date are not guaranteed and are subject to change.
- I understand that if I cancel repairs, I will be responsible for any part restocking fees and for any work already preformed.
- All damaged parts will be properly disposed of and not kept for any reason.
- **I have read and understand 1st Choice Collision's Authorization Form and Vehicle Release Policy and hereby agree to their terms.**

Signature: _____ **Date:** _____