

**AUTOWORLD COLLISION CENTER
27967 BEALE COURT
VALENCIA, CA 91355**

PH. (661) 294-9070 FAX (661) 294-9077
BAR No.: AK 196607 EPA No.: CAL00013994

NAME: _____ RO# _____
ADDRESS: _____
CITY, STATE & ZIP: _____
PHONE #: _____ CELL #: _____
VEHICLE: _____ MILEAGE: _____
INSURANCE: _____ DEDUCTIBLE: \$ _____
CLAIM #: _____

Please note total and net total if Insurance Company is paying out of a deductible is accurately noted.

Please note if Insurance pays, that the owner is responsible for any deductible applied to this account and is due upon completion.

Method of payment: All deductibles, customer paid repairs, betterment, and Insurance repairs must be paid in full by the following means: *Please note all personal checks will be "Electronically Processed".

1. Cash, Money Order, Cashiers Check,* Personal Check with I.D., Visa, MasterCard, American Express and Discover.
2. Insurance Checks
3. Any supplements that are left open on your account will be billed to your Insurance company. A Mechanic's lien will remain in place until the account is paid in full.

PLEASE TAKE ALL PERSONAL POSSESSIONS OUT OF YOUR VEHICLE, AS WE ARE NOT RESPONSIBLE FOR ANY MISSING OR STOLEN ITEMS.

Authorized and Accepted:

I hereby authorize AUTOWORLD COLLISION CENTER to teardown, prepare damage report and make specified repairs on the estimate produced or that will be provided by the insurance company. The charge to teardown and prepare damage report will be \$198.00. If you have your vehicle repaired here the fee will be waived. *Note: disassembly will prevent reassembly of vehicle to condition as received and in certain cases we will not be able to reassemble vehicle. Storage on all un-repaired vehicles will be \$45.00 per day. I understand that my initial estimate may be modified by a supplement and approval of that supplement may be granted by phone. I also understand that part prices vary and changes may be incurred without my prior approval and justified with final invoice verification. You will 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 our control. I authorize my Insurance Company to issue any and all payments directly to AUTOWORLD COLLISION CENTER.

I understand this does not release my responsibility for payment on this account.

Power of Attorney

I do hereby appoint AutoWorld Collision Center as my attorney in fact, to accept on my behalf, any and all checks, drafts or bills of exchange for deposit to AutoWorld Collision Center's account for repairs on my vehicle. I realize that this does not eliminate my responsibility for payment on this account. It is my responsibility to inform AutoWorld Collision Center prior to repairs, if payment will be made from an insurance company.

I have read and understand this authorization in full.

Signature _____ Date _____

Email address: _____

AUTO WORLD CHECK IN SHEET

DATE: _____ CLAIM # _____

YR/MAKE/MODEL _____

MILEAGE _____

FUEL _____

ABS LIGHT ON? _____

AIR BAG LIGHT ON? _____

CHECK ENGINE LIGHT ON? _____

OTHER DASH INDICATORS ON? _____

A/C WORKING? _____

RADIO WORKS? _____

LICENSE PLATES PRESENT? _____

VEHICLE CONDITION:

INTERIOR: _____ EXTERIOR: _____

CUSTOMER CONCERNS: _____

CUSTOMER ACKNOWLEDGEMENT: _____

