

Bill Etscorn & Son's Collision Center

12111 Shelbyville Rd.
Louisville, KY 40243
P (502) 271-5400
F (502) 271-5419

3933 Bardstown Rd.
Louisville, KY 40218
P (502) 491-2639
F (502) 491-0213

Auto Repair Authorization Form

NAME: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

VEHICLE: _____

INSURANCE: YES NO IF YES, NAME OF COMPANY _____

I WILL ENDORSE AND SUBMIT ALL INSURANCE CHECKS FOR PAYMENT TO ETS CORN'S COLLISION CENTER UPON COMPLETION OF WORK. IF A CHECK IS ISSUED TO YOU BY YOUR INSURANCE COMPANY OR THE OTHER PARTIES' INSURANCE COMPANY THEN THAT CHECK MUST BE SIGNED OVER TO ETS CORN'S. IF YOU HAVE ALREADY DEPOSITED THAT CHECK THEN IT MUST BE REPLACED BY A PERSONAL CHECK THAT IS CERTIFIED OR A CASHIER'S CHECK. _____ INITIAL

I hereby authorize Bill Etscorn Inc. to make specified repairs. I understand full payment is due upon release of the vehicle, including additional supplemental damage charges. Please note if you have any repair concerns you must return to Etscorn's. If you have moved or are traveling, all diagnostic fees and/or repairs must be pre-approved by Etscorn's. Any additional damages not included in the estimate, but found during the repair procedures, must be approved by the insurance coverage or authorized by customer at the customers' expense not covered by insurance co. If no authorization is received, those repairs will not be done. I hereby grant Bill Etscorn Inc. employees permission to operate the vehicle on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanics lien is hereby acknowledged on the vehicle to secure the amount of repairs thereto. Bill Etscorn Inc. will dispose of all old parts from the vehicle unless otherwise instructed. Bill Etscorn Inc. will not be held responsible for the loss or damage to vehicle or articles left in the vehicle in case of fire, theft, accident, or any other cause due to events beyond the control of Bill Etscorn Inc.

POWER OF ATTORNEY

I hereby appoint Bill Etscorn Inc. to act as power of attorney in fact to sign on my behalf any and all checks, drafts, or bills of exchange, and all such instruments for deposit to the account of Bill Etscorn Inc. for the credit on repairs to my vehicle.

VEHICLE RELEASE POLICY

- 1) All repairs must be paid in full prior to vehicle release. (Unless other arrangements have been authorized by Bill Etscorn Inc.)
- 2) Personal Checks in excess of \$500.00 will not be accepted without prior approval.
- 3) All deductibles are payable to Bill Etscorn Inc.
- 4) Multiple party checks must be endorsed prior to release of vehicle.
- 5) I have read and understand Bill Etscorn Inc. policy for release of vehicle.
- 6) I understand that the estimated delivery date, although every effort is made, is subject to change.
- 7) I personally assume all risks of loss for property left in vehicle, and understand that if this authorization is canceled for any reason I am responsible for all expenses incurred by Bill Etscorn Inc. prior to cancellation.

List anyone other than yourself that is authorized to pick up your vehicle: _____

Will you be using a rental car during repairs? YES NO

I would like to opt-in for future marketing promotions from Etscorn's Collision Center via text messages (SMS). YES NO

I AGREE TO ALL TERMS AND CONDITIONS OF THIS REPAIR ORDER AND AUTHORIZE BILL ETS CORN INC. TO MAKE ALL REPAIRS TO THIS VEHICLE.

SIGNATURE _____ **DATE** _____