

Customer Name _____
Address Street _____
Town / City _____
Zip Code _____

Vehicle Year _____
Make _____
Model _____
Plate # _____

REPAIR AUTHORIZATION

I have read the itemized account of damages or have discussed the repairs necessary with a representative of Concho Collision Center and authorize the repair of the vehicle noted. I also authorize Concho Collision to repair any additional hidden damage Concho Collision may find during the repair process of the above noted vehicle.

I authorize the following: In the event of deficiencies in labor rate, amount of labor hours or necessary procedures not covered in my insurance settlement, I authorize Concho Collision to use its **professional judgment** as to the parts replacement and or labor charges to produce the highest quality repair at Concho Collision's posted labor rates. I understand that Concho Collision's final invoice for repairs of my vehicle may not match that of the insurance company's estimate as to parts, labor or procedures used to repair my vehicle. I understand that parts prices are based upon recent motor guides, but may vary from prices listed due to currency fluctuation or varying supplier costs. I understand that repair techniques employed are based upon Concho Collision's judgment as to the best means of effecting a high quality repair, and that Concho Collision's labor charges are based upon hourly time allowances as given in the industry flat rate manuals, and their experience, and may be more or less than the amount of actual time. I understand that all of Concho Collision's estimates and final invoices are based on **flat rate hours** as is customary in the industry, not actual time spent on repairs. I understand that a flat rate hour is a unit of time given for a certain repair operation and that actual time spent on a repair operation can **vary greatly** from the flat rate time given to a labor procedure depending on **technician experience and equipment employed**. I understand that I am responsible for any unpaid balances, and upgrades in the repairs.

Permission is hereby granted to perform diagnostic and road testing of the vehicle on local highways and streets. Concho Collision is not responsible for loss or damages to vehicle or its contents due to fire, earthquake, theft or any other cause beyond Concho Collision's control. All repairs must be paid in full before release of vehicle, via properly endorsed insurance check, bank check, certified check, or cash. Vehicles on Concho Collision premises not under repair are subject to \$20.00 outside or \$40.00 inside storage fee per day. This includes vehicles deemed to be a total loss by insurance companies, vehicles estimated but not subsequently repaired by Concho Collision, or vehicles left more than seven days after completion of repairs. Money paid out to cover towing, storage or sublet charges to other companies by Concho Collision may be subject to reasonable mark up charges. Vehicles towed or driven in, then deemed a total loss, or moved to another location for any reason by customer or Insurance Company may be subject to admin, lot, debris cleanup charges or estimate fees. Any labor, towing or lift inspection fees must be paid before a vehicle leaves Concho Collision. Prior **written notice** must be given if return of used or damaged parts is desired by customer. All parts installed are OEM unless specified otherwise.

Power of Attorney: I do hereby appoint the aforementioned business as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange for deposit to the aforementioned business' account for credit on my account for repairs on my vehicle which has been released and accepted.

Authorizing Customer Signature

Date

Phone #



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