

BUCKHEAD COLLISION
An Atlanta Tradition
Import & Domestic Body Shop

I _____ authorize BUCKHEAD COLLISION to start the repairs to my vehicle on this date ____/____/____.

I understand that I am responsible for payment in full for the repairs to my vehicle, either before or after completion of the work. It is my responsibility to receive payment from the insurance company or from the party whom is paying for the repairs.

I give my authorization for any employee of BUCKHEAD COLLISION to drive my vehicle for the purpose of repairing and road testing.

I understand that BUCKHEAD COLLISION is not responsible for theft of vehicle of articles left in vehicle, damage to vehicle resulting from an act of God or for vandalism or fire due to malicious mischief. I will need to make a separate claim for these occurrences. I will remember to remove cell phones, CD's, garage door openers, and ALL valuable belongings as I drop off the vehicle.

I understand that a storage fee of \$30.00 per day outside and \$35.00 per day inside will be applied to the amount of repairs, if my vehicle is not picked up by 5 (five) business days after notification from BUCKHEAD COLLISION that repairs have been completed. If no repairs are done, the storage fee will apply from the date the car was brought in.

I understand that BUCKHEAD COLLISION cannot bill any applicable storage charges to my insurance, and that I will personally be responsible for charges if any, to be paid in full at the time that vehicle is picked up.

I authorize the insurance company to pay BUCKHEAD COLLISION direct for all supplemental repairs. I authorize BUCKHEAD COLLISION to sign my name to any and all supplements payable direct to you. I authorize you to act as power of attorney to sign insurance checks to pay for damages to above vehicle.

X _____
Insured or Claimants' Signature